


# EXHIBIT “1”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM						
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED								
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Bo Tang</u> Name and address where notices should be sent: <u>Bo Tang</u> <u>1559 Klamath Dr.</u> <u>Sunnyvale, CA 94087</u> Telephone number: <u>(650) 793-3014</u> Email address: <u>sherryu2002@yahoo.com</u>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; margin: 10px auto; padding: 5px;">             Garden City Group, LLC              APR 20 2015           </div> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: center; margin-top: 10px;">             FILED - 00188              District of Nevada              Ameri-Dream, LLC           </div>							
Name and address where payment should be sent (if different from above): <u>Same as above</u> Telephone number: Email address:	1. Amount of Claim as of Date Case Filed: \$ <u>1595.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.							
2. Basis for Claim: <u>Deposits of rental property at: 10333 Blue Claws Lane, Las Vegas, NV</u> (See instruction #2) <span style="float: right;"><u>89135</u></span>								
3. Last four digits of any number by which creditor identifies debtor: <u>8 2 1 9</u>	3a. Debtor may have scheduled account as: <u>Bo Tang</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)						
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;">           Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other            Describe: _____            Value of Property: \$ _____            Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable            (when case was filed)         </td> <td style="width: 50%; border: none; vertical-align: top;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____            Basis for perfection: _____            Amount of Secured Claim: \$ _____            Amount Unsecured: \$ _____         </td> </tr> </table>			Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____				
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____							
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.								
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).         </td> </tr> <tr> <td colspan="2" style="border: none;"></td> <td style="border: none; vertical-align: top;">           Amount entitled to priority:  <u>\$ 1595.00</u> </td> </tr> </table>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).			Amount entitled to priority: <u>\$ 1595.00</u>
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).						
		Amount entitled to priority: <u>\$ 1595.00</u>						
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.								
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)								

# EXHIBIT “2”




UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>JOCELYN LO</u>  Name and address where notices should be sent: <u>16029 AVENIDA LAMEGO</u> <u>SAN DIEGO</u> <u>CA 92128</u>  Telephone number: <u>858-964-8500</u> Email address: <u>jocelynlo@gmail.com</u>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____  <div style="text-align: center;">  </div>	
Name and address where payment should be sent (if different from above):  <u>same as above</u>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;">           FILED - 00207            District of Nevada            Ameri-Dream, LLC         </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>950.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>One-month rental income withheld at the beginning of rental contract for 6297 Salmon Mountain Ave property</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  <u>4 9 9 7</u>	3a. Debtor may have scheduled account as:  <u>N/A</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional):  <u>N/A</u> (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>\$950.00</u>		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).           </div> <div style="width: 35%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ): _____           </div> </div> <div style="text-align: right; margin-top: 10px;">         Amount entitled to priority:  <u>\$ 950.00</u> </div>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

\*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.




# EXHIBIT “3”



<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>	
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED			
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the Debtor owes money or property):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)	
Name and address where notices should be sent:		Filed on: _____	
Richard M. Chaskin 2055 Del Mar Ave., San Marino, CA 91108 Telephone number: (626) 278-0777 Email address: GraceFengCA@gmail.com			
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  FILED - 00239 District of Nevada Ameri-Dream, LLC	
Telephone number:			
Email address:			
1. Amount of Claim as of Date Case Filed: \$ <u>2,250.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>Rental Security Deposit, Key deposit &amp; cleaning deposit 4,250.00</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
		3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		Basis for perfection: _____	
Describe: _____			
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).		<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	
		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).	
		Amount entitled to priority: \$ <u>2,250.00</u>	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			


# EXHIBIT “4”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property):  Name and address where notices should be sent: <div style="text-align: center; font-family: cursive;">             JEANETTE ZHOU              Alexandra Assets              2000 Fashion Show Dr. #3426              Las Vegas, NV 89169           </div> Telephone number: 949 306 9198 Email address: arxue.dong@yahoo.com	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim  Court Claim Number: _____ (If known)  Filed on: _____  <div style="text-align: center;">  </div> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.   <div style="text-align: center;">             FILED - 00307              District of Nevada              Ameri-Dream, LLC           </div>	
Name and address where payment should be sent (if different from above):   Telephone number: Email address:	1. Amount of Claim as of Date Case Filed: \$ 2025.00  If all or part of the claim is secured, complete item 4  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges	
2. Basis for Claim: <u>Tenant deposit held by debtor's trustee account</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		Amount entitled to priority: \$ 2025.00
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim (See instruction #6)		


# EXHIBIT “5”



<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>	
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED			
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Winston V Weng, Dao To Trieu</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim  Court Claim Number: _____ (If known)  Filed on: _____	
Name and address where notices should be sent: <b>Winston V Weng, Dao To Trieu 20627 Drexel Dr Walnut, CA 91789</b>			
Telephone number: <b>909-706-5839</b> Email address: <b>winstonweng@yahoo.com</b>			
Name and address where payment should be sent (if different from above):     Telephone number: Email address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.   <div style="text-align: center;"> <b>FILED - 00335</b>  <b>District of Nevada</b>  <b>Ameri-Dream, LLC</b> </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>1,050.00</u>			
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>Refundable Deposits of 5221 River Glen Dr. unit 196 LV, NV 89103 (Deposits statement, Deposit Summary, Lease Agreement, Management Agreement attached)</u> <span style="float: right;"><i>rent</i></span>			
3. Last four digits of any number by which creditor identifies debtor:  <div style="text-align: center;"><u>0</u> <u>7</u> <u>4</u> <u>3</u></div>		3a. Debtor may have scheduled account as:  (See instruction #3a)  3b. Uniform Claim Identifier (optional):  (See instruction #3b)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).		<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4)  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8)  <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	
		Amount entitled to priority: \$ <u>1,050.00</u>	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim (See instruction #6)			

# EXHIBIT “6”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM						
Name of Debtor: Ameri-Dream Realty, LLC      Case No. 15-10110-LED								
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Yao Chi He, Rui Yan Guo</b>  Name and address where notices should be sent <div style="text-align: center;"> <b>Yao Chi He, Rui Yan Guo</b>  <b>5845 Rainbow Trout Ct</b>  <b>Las Vegas, NV 89113</b> </div>  Telephone number: <b>702-480-7234</b> Email address: <b>mikecheung702@hotmail.com</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ (If known)  <b>Filed on:</b> _____  <div style="text-align: right;">  </div>							
Name and address where payment should be sent (if different from above):  <div style="text-align: center;"> <b>FILED - 00519</b>  <b>District of Nevada</b>  <b>Ameri-Dream, LLC</b> </div>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.							
<b>1. Amount of Claim as of Date Case Filed: \$ 1,200.00</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.								
<b>2. Basis for Claim:</b> <u>Refundable Deposits of 4312 El Conlon Av, Las Vegas NV 89102 (Deposits statement, Deposit Summary, Lease Agreement, Last 24 months AmeriDream ACH receipts attached)</u> (See instruction #2)								
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  <div style="text-align: center;"> <u>4</u>    <u>2</u>    <u>6</u>    <u>0</u> </div>	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)						
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <table style="width: 100%;"> <tr> <td style="width: 60%;"> <b>Nature of property or right of setoff:</b> </td> <td style="width: 20%;"> <input type="checkbox"/> Real Estate      <input type="checkbox"/> Motor Vehicle             </td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Other             </td> <td></td> </tr> </table> <b>Describe:</b> _____  <b>Value of Property:</b> \$ _____  <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)  <b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> <div style="text-align: right;">\$ _____</div>  <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____			<b>Nature of property or right of setoff:</b>	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle			<input type="checkbox"/> Other	
<b>Nature of property or right of setoff:</b>	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle							
	<input type="checkbox"/> Other							
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5)             </td> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( )             </td> </tr> </table> <div style="text-align: right;"> <b>Amount entitled to priority:</b>  <b>\$ 1,200.00</b> </div>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5)	<input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( )
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5)						
<input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( )						
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.								
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim (See instruction #6)								



# EXHIBIT “7”

Modified B10 (GCG) (4/13)

# EXHIBIT “8”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM								
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED										
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.										
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Hong Feng Hu</u> Name and address where notices should be sent: <u>Hong Feng Hu</u> <u>9422 Alderbury St.</u> <u>Cypress, CA 90630</u>  Telephone number: <u>714-995-9257</u> Email address: <u>hhu8@yahoo.com</u>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; margin: 0 auto; padding: 10px;">             Garden City Group, LLC              MAY 11 2015           </div> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: right; padding-right: 20px;">             FILED - 00598              District of Nevada              Ameri-Dream, LLC           </div>									
Name and address where payment should be sent (if different from above):   Telephone number: Email address:	1. Amount of Claim as of Date Case Filed: <u>\$ 1875</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.									
2. Basis for Claim: <u>Deposit on rental property 9028 Wine Cellar</u> <small>(See instruction #2)</small>										
3. Last four digits of any number by which creditor identifies debtor:  <div style="text-align: center; font-size: 2em; letter-spacing: 0.5em;">7 9 5 1</div>	3a. Debtor may have scheduled account as:  <u>Hong Feng Hu</u> <small>(See instruction #3a)</small>	3b. Uniform Claim Identifier (optional):  _____ <small>(See instruction #3b)</small>								
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Nature of property or right of setoff:</td> <td style="width: 15%;"><input type="checkbox"/> Real Estate</td> <td style="width: 15%;"><input type="checkbox"/> Motor Vehicle</td> <td style="width: 35%;"></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> </table> Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small>			Nature of property or right of setoff:	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Motor Vehicle			<input type="checkbox"/> Other		
Nature of property or right of setoff:	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Motor Vehicle								
	<input type="checkbox"/> Other									
<table style="width: 100%; border: none;"> <tr> <td style="width: 55%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____             Basis for perfection: _____             Amount of Secured Claim: \$ _____             Amount Unsecured: \$ _____         </td> <td style="width: 45%; vertical-align: bottom; padding-left: 20px;">           Amount entitled to priority:  <u>\$ 1875</u> </td> </tr> </table>			Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____	Amount entitled to priority: <u>\$ 1875</u>						
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____	Amount entitled to priority: <u>\$ 1875</u>									
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).           </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).           </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a) _____.           </td> </tr> </table>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a) _____.					
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a) _____.								
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.										
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)										

# EXHIBIT “9”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Dekang Deng</u> Name and address where notices should be sent: <u>Dekang Deng</u> <u>7439 Stanfield CT</u> <u>Sacramento, CA 95828</u> Telephone number: <u>(702) 885-8838</u> Email address: <u>lantinhxia@yahoo.com</u> Name and address where payment should be sent (if different from above): <u>Same</u> Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____  <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;">             FILED - 00701              District of Nevada              Ameri-Dream, LLC           </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>1525.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Deposits for rental home 3778 Narrow Leaf</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>9162</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).           </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).           </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).           </div> </div> Amount entitled to priority: \$ <u>1525.00</u> * Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

# EXHIBIT “10”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM						
Name of Debtor: Ameri-Dream Realty, LLC Case No 15-10110-LED								
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Fanny Li</u> Name and address where notices should be sent: <u>Fanny Li</u> <u>6276 Spring Mountain Rd #100</u> <u>Las Vegas, NV 89146</u> Telephone number: <u>(702) 217-9389</u> Email address: <u>fannyli238@gmail.com</u>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim Court Claim Number: _____ (If known) Filed on: _____ <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 20px auto; display: flex; align-items: center; justify-content: center;">             Garden City Group, LLC              MAY 12 2015           </div> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: center; margin-top: 20px;">             FILED - 00724              District of Nevada              Ameri-Dream, LLC           </div>							
Name and address where payment should be sent (if different from above): <u>Same</u> Telephone number: Email address:	1. Amount of Claim as of Date Case Filed: \$ <u>2050.00</u> If all or part of the claim is secured, complete item 4 If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges							
2. Basis for Claim: <u>Deposits for rental home 11477 Parkersburg</u> (See instruction #2)								
3. Last four digits of any number by which creditor identifies debtor: <u>8 4 4 2</u>	3a. Debtor may have scheduled account as: <u>Fanny Li</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)						
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other            Describe: _____            Value of Property: \$ _____            Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable            (when case was filed)         </div> <div style="width: 50%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____            Basis for perfection: _____            Amount of Secured Claim: \$ _____            Amount Unsecured: \$ _____         </div> </div>								
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).             </td> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( )             </td> </tr> </table> <div style="text-align: right; margin-top: 10px;">           Amount entitled to priority: \$ <u>2050.00</u> </div>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( )
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).						
<input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( )						
* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.								
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)								

Modified B10 (GCG) (4/13)

NHW



# EXHIBIT “11”

**Modified B10 (GCG) (4/13)**

# EXHIBIT “12”

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT District of Nevada		PROOF OF CLAIM						
Name of Debtor: AMERI-DREAM REALTY LLC	Case Number: 15-10110	<b>FILED</b> <b>U.S. Bankruptcy Court</b> <b>District of Nevada</b>  <b>5/14/2015</b> <b>Mary A. Schott, Clerk</b> <b>COURT USE ONLY</b>						
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the debtor owes money or property): PEARSON HUANG								
Name and address where notices should be sent: PEARSON HUANG 863 BONDE CT PLEASANTON, CA 94566  Telephone number: 5103042770 email: pearson.huang@gmail.com		<input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim.  <div style="text-align: right;">65 (If known)</div> <div>Court Claim Number:</div> <div style="text-align: right;">Filed on: <u>05/14/2015</u></div>						
Name and address where payment should be sent (if different from above):  <div style="text-align: center;"><b>FILED - 00940</b> <b>District of Nevada</b> <b>Ameri-Dream, LLC</b></div> Telephone number: email:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.						
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>3200.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.								
<b>2. Basis for Claim:</b> <u>3 Security deposits paid by tenants</u> (See instruction #2)								
<b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>0503</u>	<b>3a. Debtor may have scheduled account as:</b> <u>Pearson Huang</u> (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  (See instruction #3b)						
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate (when case was filed) <u>  </u> % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <div style="text-align: right;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____            Basis for perfection: _____            Amount of Secured Claim: \$ _____            Amount Unsecured: \$ <u>0.00</u> </div>								
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507(a)(4).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).         </td> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).         </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).         </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)( ).         </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> <b>Amount entitled to priority:</b>          \$ <u>3200.00</u> </div>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507(a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).	<input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)( ).
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507(a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).						
<input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)( ).						
<small>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>								
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)								

# EXHIBIT “13”

05-14-15 A09:14 IN



<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Jimmy Huynh	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known)	
Name and address where notices should be sent: Jimmy Huynh 7 Dartmouth Irvine, CA 92612  Telephone number: Email address:	Filed on: _____  <div style="text-align: center;">  </div>	
Name and address where payment should be sent (if different from above):  Same  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;">         FILED - 00875          District of Nevada          Ameri-Dream, LLC       </div>	
1. Amount of Claim as of Date Case Filed: \$ 1,950.00 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Security deposit + key deposit for 9000 S. Las Vegas Blvd. #1094 (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).           </div> <div style="width: 35%;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).           </div> </div> <div style="text-align: right; margin-top: 10px;">         Amount entitled to priority:          \$ 1,950.00       </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

# EXHIBIT “14”

05-14-15 A09:15 IN



<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Victor * Adriana Cardenas</u> Name and address where notices should be sent: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           Victor Cardenas &amp; Adriana Cardenas            1523 Barnstable Valley Ct.            Las Vegas, NV 89123         </div> Telephone number: Email address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> <div style="text-align: center;">             Garden City Group, LLC              MAY 14 2015           </div> </div>
Name and address where payment should be sent (if different from above): <u>Same</u> Telephone number: Email address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;">           FILED - 00876            District of Nevada            Ameri-Dream, LLC         </div>
1. Amount of Claim as of Date Case Filed: \$ <u>1,500.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Security and cleaning deposit for 1523 Barnstable Valley Ct.</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).         </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </div> </div> <div style="text-align: right; margin-top: 10px;">         Amount entitled to priority:  <u>\$ 1,500.00</u> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)



# EXHIBIT “15”

05-14-15 A09:15 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM																
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED																		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.																		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Vinca Family Ltd. Partnership / Allen Huang</u> Name and address where notices should be sent: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           Vinca Family Limited Partnership            c/o Allen Huang            9425 Tournament Canyon Dr.            Las Vegas, NV 89144         </div> Telephone number: _____ Email address: _____	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ <div style="text-align: center; margin-top: 20px;"> </div>																	
Name and address where payment should be sent (if different from above): <div style="text-align: center; font-size: 1.5em; margin: 10px 0;">Same</div> Telephone number: _____ Email address: _____	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: center; margin-top: 10px;">           FILED - 00877            District of Nevada            Ameri-Dream, LLC         </div>																	
1. Amount of Claim as of Date Case Filed: \$ <u>1,500.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.																		
2. Basis for Claim: <u>Security and cleaning deposit - 7833 Smerhill Point Way</u> (See instruction #2)																		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)																
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30%;">Nature of property or right of setoff:</td> <td style="width: 10%;"> <input type="checkbox"/> Real Estate  <input type="checkbox"/> Other         </td> <td style="width: 10%;"> <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other         </td> <td style="width: 50%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____         </td> </tr> <tr> <td colspan="3">Describe: _____</td> <td>Basis for perfection: _____</td> </tr> <tr> <td colspan="3">Value of Property: \$ _____</td> <td>Amount of Secured Claim: \$ _____</td> </tr> <tr> <td colspan="3">Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable</td> <td>Amount Unsecured: \$ _____</td> </tr> </table>			Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Other	<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	Describe: _____			Basis for perfection: _____	Value of Property: \$ _____			Amount of Secured Claim: \$ _____	Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable			Amount Unsecured: \$ _____
Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Other	<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____															
Describe: _____			Basis for perfection: _____															
Value of Property: \$ _____			Amount of Secured Claim: \$ _____															
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable			Amount Unsecured: \$ _____															
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%; font-size: small;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </td> </tr> </table> <div style="text-align: right; margin-top: 10px;">         Amount entitled to priority:          \$ <u>1,500.00</u> </div> <p style="font-size: x-small; margin-top: 10px;">*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).													
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).																
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)																		

Modified B16 (GCG) (4/13)

# EXHIBIT “16”

05-14-15 A09:15 IN



<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>			
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED					
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.					
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Six Sigma LLC/ Allen Huang</u> Name and address where notices should be sent: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           Six Sigma Management LLC            c/o Allen Huang            9425 Tournament Canyon Dr.            Las Vegas, NV 89144         </div> Telephone number: _____ Email address: _____		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ <div style="text-align: center; margin-top: 20px;"> </div>			
Name and address where payment should be sent (if different from above): <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">Same</div> Telephone number: _____ Email address: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. _____ <div style="text-align: center; margin-top: 10px;">           FILED - 00878            District of Nevada            Ameri-Dream, LLC         </div>			
1. Amount of Claim as of Date Case Filed: \$ <u>1,395.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.					
2. Basis for Claim: <u>Security and cleaning deposit for 5370 Floating Flower Ave.</u> (See instruction #2)					
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)			
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <table style="width: 100%;"> <tr> <td style="width: 60%;">           Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other            Describe: _____            Value of Property: \$ _____            Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable            (when case was filed)         </td> <td style="width: 40%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____            Basis for perfection: _____            Amount of Secured Claim: \$ _____            Amount Unsecured: \$ _____         </td> </tr> </table>			Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____				
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </td> <td style="width: 33%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </td> <td style="width: 33%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).            Amount entitled to priority: <u>\$ 1,395.00</u> </td> </tr> </table>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ). Amount entitled to priority: <u>\$ 1,395.00</u>
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ). Amount entitled to priority: <u>\$ 1,395.00</u>			
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)					

Modified B10 (GCG) (4/13)

# EXHIBIT “17”

05-14-15 A09:16 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Allen Huang &amp; Wei-Tze Chen</u> Name and address where notices should be sent: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           Allen Wei-Lun Huang &amp; Wei-Tze Chen            9425 Tournament Canyon Dr.            Las Vegas, NV 89144         </div> Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ <div style="text-align: center; margin-top: 20px;"> </div>	
Name and address where payment should be sent (if different from above): <div style="text-align: center; margin-top: 10px; font-size: 1.2em;">Same</div> Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: center; margin-top: 10px;">           FILED - 00879            District of Nevada            Ameri-Dream, LLC         </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>21350.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Security, pet and cleaning deposit for 10689 Harvest Green way</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other            Describe: _____            Value of Property: \$ _____            Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable            (when case was filed)         </div> <div style="width: 50%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____            Basis for perfection: _____            Amount of Secured Claim: \$ _____            Amount Unsecured: \$ _____         </div> </div>		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).         </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </div> </div> <div style="text-align: right; margin-top: 10px;">           Amount entitled to priority:  <u>\$ 2,350.00</u> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

# EXHIBIT “18”



05-14-15 A09:16 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Six Sigma LLC / Allen Huang</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           Six Sigma LLC            c/o Allen Huang            9425 Tournament Canyon Dr.            Las Vegas, NV 89144         </div>		Court Claim Number: _____ (If known)  Filed on: _____
Telephone number: _____ Email address: _____		
Name and address where payment should be sent (if different from above): <u>Same</u>		
Telephone number: _____ Email address: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>2,815.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Security and cleaning deposit and one months rent</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).		<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).
<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).		Amount entitled to priority: <u>\$ 2,815.00</u>
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		


Modified B10 (GCG) (4/13)



# EXHIBIT “19”

05-14-15 A09:16 IN




UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Qian Yan Li</b>  Name and address where notices should be sent: Vegas Pro Attn: Tiffany Chau 6276 Spring Mountain Rd. #100 Las Vegas, NV 89146  (702) 217-9389  Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="text-align: center;">  </div>	
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center; border: 1px solid black; padding: 5px;">           FILED - 00881            District of Nevada            Ameri-Dream, LLC         </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>3,156.00</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>This claim pertains to a residence at 4370 Golden Ring Lane. See attached statement for further details.</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: <u>January 2015 and February 2015 rent payments</u>  Value of Property: \$ <u>1,906.00</u>  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)  Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ <u>1,906.00</u>  Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </div> </div> <div style="text-align: right; margin-top: 10px;">         Amount entitled to priority: \$ <u>1,250.00</u> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCC) (4/13)

# EXHIBIT “20”

05-14-15 A09:28 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Louis Young and Cory Young</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____	
Name and address where notices should be sent:  <b>Louis Young and Cory Young</b> <b>3450 Erva St. #163</b> <b>Las Vegas, NV 89117</b>  Telephone number: Email address:	<div style="text-align: center;">  </div>	
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center; border: 1px solid black; padding: 5px;">             FILED - 00882              District of Nevada              Ameri-Dream, LLC           </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>1,000.00</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Security deposit and \$200.00 reserve fund for residential property at 3450 Erva St. #163, Las Vegas, NV 89117</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).  Amount entitled to priority: \$ <u>1,000.00</u>
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

# EXHIBIT “21”

05-14-15 A09:29 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM												
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED														
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.														
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Jimmy Zhang</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____													
Name and address where notices should be sent: Jimmy Zhang 3405 Bernadette Ct. #A West Covina, CA 91792  Phone: (626) 823-1872 Email: amlongjimmy@hotmail.com  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="border: 1px solid black; padding: 5px; text-align: center;">             FILED - 00883              District of Nevada              Ameri-Dream, LLC           </div>													
Name and address where payment should be sent (if different from above): Jimmy Zhang P.O. Box 351 Walnut, CA 91788  Telephone number: Email address:	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 150px; margin: auto;">             Garden City Group, LLC              MAY 14 2015           </div>													
1. Amount of Claim as of Date Case Filed: \$ <u>1,605.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.														
2. Basis for Claim: <u>Pertaining to 9640 Swan Bay Dr., Las Vegas, NV 89117. See statement</u> (See instruction #2)														
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)												
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <table style="width: 100%;"> <tr> <td style="width: 30%;">Nature of property or right of setoff:</td> <td style="width: 30%;"> <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other         </td> <td style="width: 40%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____         </td> </tr> <tr> <td>Describe: _____</td> <td></td> <td>Basis for perfection: _____</td> </tr> <tr> <td>Value of Property: \$ _____</td> <td></td> <td>Amount of Secured Claim: \$ _____</td> </tr> <tr> <td>Annual Interest Rate _____ %    <input type="checkbox"/> Fixed    or    <input type="checkbox"/> Variable (when case was filed)</td> <td></td> <td>Amount Unsecured: \$ _____</td> </tr> </table>			Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	Describe: _____		Basis for perfection: _____	Value of Property: \$ _____		Amount of Secured Claim: \$ _____	Annual Interest Rate _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____												
Describe: _____		Basis for perfection: _____												
Value of Property: \$ _____		Amount of Secured Claim: \$ _____												
Annual Interest Rate _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____												
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.  <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. § 507 (a)(7).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier -- 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units -- 11 U.S.C. § 507 (a)(8).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right; vertical-align: bottom;">           Amount entitled to priority:            \$ <u>1,605.00</u> </td> </tr> </table>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier -- 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units -- 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).			Amount entitled to priority: \$ <u>1,605.00</u>						
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier -- 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units -- 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).												
		Amount entitled to priority: \$ <u>1,605.00</u>												
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.														
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)														

Modified B10 (GCG) (4/13)

# EXHIBIT “22”

05-14-15 A09:29 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM												
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED														
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.														
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Jimmy Zhang</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____													
Name and address where notices should be sent:  Jimmy Zhang 3405 Bernadette Ct. #A West Covina, CA 91792  Phone: (626) 823-1872 Email: amlongjimmy@hotmail.com  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; margin: 0 auto; padding: 10px;">             Garden City Group, LLC  <b>MAY 14 2015</b> </div> <div style="text-align: center; margin-top: 20px;">             FILED - 00884              District of Nevada              Ameri-Dream, LLC           </div>													
Name and address where payment should be sent (if different from above):  Jimmy Zhang P.O. Box 351 Walnut, CA 91788  Telephone number: Email address:	<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.													
<b>1. Amount of Claim as of Date Case Filed: \$ 1,975.00</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.														
<b>2. Basis for Claim:</b> <u>See explanation, attached</u> (See instruction #2)														
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  _____	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)												
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Nature of property or right of setoff:</td> <td style="width: 30%;"> <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other         </td> <td style="width: 40%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____         </td> </tr> <tr> <td>Describe:</td> <td colspan="2">Basis for perfection:</td> </tr> <tr> <td>Value of Property: \$ _____</td> <td colspan="2">Amount of Secured Claim: \$ _____</td> </tr> <tr> <td>Annual Interest Rate _____ %    <input type="checkbox"/> Fixed    or    <input type="checkbox"/> Variable (when case was filed)</td> <td colspan="2">Amount Unsecured: \$ _____</td> </tr> </table>			Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	Describe:	Basis for perfection:		Value of Property: \$ _____	Amount of Secured Claim: \$ _____		Annual Interest Rate _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)	Amount Unsecured: \$ _____	
Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____												
Describe:	Basis for perfection:													
Value of Property: \$ _____	Amount of Secured Claim: \$ _____													
Annual Interest Rate _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)	Amount Unsecured: \$ _____													
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).         </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> <b>Amount entitled to priority:</b>  <b>\$ 1,975.00</b> </div> <p style="font-size: small; margin-top: 10px;">*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).									
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).												
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)														

Modified B10 (GCG) (4/13)



# EXHIBIT “23”

05-14-15 A09:29 IN



<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Lei Zhang</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Lei Zhang 3405 Bernadette Ct. #A West Covina, CA 91792  Phone: (626) 823-1872 Email: gxwz@hotmail.com  Telephone number: Email address:		Court Claim Number:  (If known)  Filed on:  
Name and address where payment should be sent (if different from above): Lei Zhang P.O. Box 351 Walnut, CA 91788  Telephone number: Email address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  FILED - 00885 District of Nevada Ameri-Dream, LLC
1. Amount of Claim as of Date Case Filed: \$ <u>1,950.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Security, key and pet deposits and \$200.00 reserve for 9637 Tuscola Ct.</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).		Amount entitled to priority: \$ <u>1,950.00</u>
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

# EXHIBIT “24”

05-14-15 A09:29 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM												
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED														
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.														
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Xia Zhong</b>  Name and address where notices should be sent:  <div style="padding-left: 20px;">Xia Zhong 1790 Comanche Canyon Ave. Las Vegas, NV 89113</div>  Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: left; font-size: small;">Garden City Group, LLC MAY 14 2015</div> </div>													
Name and address where payment should be sent (if different from above):  <div style="padding-left: 20px;">Same</div>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center; border: 1px dashed black; padding: 10px; margin: 0 auto; width: 150px;">           FILED - 00886 District of Nevada Ameri-Dream, LLC         </div>													
<b>1. Amount of Claim as of Date Case Filed: \$ 1,300.00</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.														
<b>2. Basis for Claim:</b> Security deposit, pet deposit, and \$200.00 reserve fund for residential property at 7204 Portia Ct., Las Vegas, NV 89113 (See instruction #2)														
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  _____	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)												
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30%;">Nature of property or right of setoff:</td> <td style="width: 30%;"> <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other         </td> <td style="width: 40%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____         </td> </tr> <tr> <td>Describe: _____</td> <td></td> <td>Basis for perfection: _____</td> </tr> <tr> <td>Value of Property: \$ _____</td> <td></td> <td>Amount of Secured Claim: \$ _____</td> </tr> <tr> <td>Annual Interest Rate _____ %    <input type="checkbox"/> Fixed    or    <input type="checkbox"/> Variable (when case was filed)</td> <td></td> <td>Amount Unsecured: \$ _____</td> </tr> </table>			Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	Describe: _____		Basis for perfection: _____	Value of Property: \$ _____		Amount of Secured Claim: \$ _____	Annual Interest Rate _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____												
Describe: _____		Basis for perfection: _____												
Value of Property: \$ _____		Amount of Secured Claim: \$ _____												
Annual Interest Rate _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____												
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <table style="width: 100%; font-size: small;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> <b>Amount entitled to priority:</b>  <b>\$ 1,300.00</b> </div>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).									
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).												
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.														
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)														

Modified B10 (GCG) (4/13)

# EXHIBIT “25”

05-14-15 A09:30 IN




<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Howard Quach and Mai Tran		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____
Name and address where notices should be sent:  Howard Quach 3203 N. Stevens Ave. Rosemead, CA 91770  Telephone number: Email address:		
Name and address where payment should be sent (if different from above):  Same  Telephone number: Email address:		
<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="border: 1px dashed black; padding: 5px; text-align: center;">           FILED - 00887            District of Nevada            Ameri-Dream, LLC         </div>		
1. Amount of Claim as of Date Case Filed: \$ <u>1,250.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Security deposit, key deposit, and \$200 reserve fund for residential property at 6517 Chilton Ct., Las Vegas, NV 89108 (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:	3b. Uniform Claim Identifier (optional):
_____	_____ (See instruction #3a)	_____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </div> </div> <div style="text-align: right;">         Amount entitled to priority: \$ <u>1,250.00</u> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

# EXHIBIT “26”

05-14-15 A09:30 IN



<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Howard Quach and Mai Tran</b>  Name and address where notices should be sent: <b>Howard Quach</b> <b>3203 N. Stevens Ave.</b> <b>Rosemead, CA 91770</b>  Telephone number: Email address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____  <div style="text-align: center;">  </div>
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;"> <b>FILED - 00888</b>  <b>District of Nevada</b>  <b>Ameri-Dream, LLC</b> </div>
1. Amount of Claim as of Date Case Filed: \$ <u>1,300.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Security deposit, key deposit, and \$200 reserve fund for residential property at 6004 Morro Bay Ave., Las Vegas, NV 89108</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).         </div> </div> <div style="text-align: right;">         Amount entitled to priority:  <b>\$ 1,300.00</b> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)



# EXHIBIT “27”

05-14-15 A09:31 IN




UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM												
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED														
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.														
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Evergreen 99 LLC</b>  Name and address where notices should be sent: <b>Evergreen 99 LLC</b> <b>c/o Michelle Leu</b> <b>4926 Wheeler Dr.</b> <b>Fremont, CA 94538</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; margin: 0 auto; padding: 10px;">             Garden City Group, LLC  <b>MAY 14 2015</b> </div>													
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center; border: 1px dashed black; padding: 10px; margin: 0 auto; width: 150px;">             FILED - 00889              District of Nevada              Ameri-Dream, LLC           </div>													
<b>1. Amount of Claim as of Date Case Filed: \$ 1,200.00</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.														
<b>2. Basis for Claim:</b> Security deposit and \$200.00 reserve fund for residential property at 6408 Alta Drive, Las Vegas, NV 89107 (See instruction #2)														
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  _____	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)												
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Nature of property or right of setoff:</td> <td style="width: 20%;"> <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other         </td> <td style="width: 50%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____         </td> </tr> <tr> <td>Describe:</td> <td colspan="2">Basis for perfection:</td> </tr> <tr> <td>Value of Property: \$ _____</td> <td colspan="2">Amount of Secured Claim: \$ _____</td> </tr> <tr> <td>Annual Interest Rate _____ %    <input type="checkbox"/> Fixed    or    <input type="checkbox"/> Variable (when case was filed)</td> <td colspan="2">Amount Unsecured: \$ _____</td> </tr> </table>			Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	Describe:	Basis for perfection:		Value of Property: \$ _____	Amount of Secured Claim: \$ _____		Annual Interest Rate _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)	Amount Unsecured: \$ _____	
Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____												
Describe:	Basis for perfection:													
Value of Property: \$ _____	Amount of Secured Claim: \$ _____													
Annual Interest Rate _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)	Amount Unsecured: \$ _____													
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).         </td> </tr> </table> <div style="text-align: right; margin-top: 10px;">         Amount entitled to priority:  <b>\$ 1,200.00</b> </div> <p style="font-size: small; margin-top: 10px;">*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).									
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).												
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)														

Modified B10 (GCG) (4/13)

# EXHIBIT “28”

05-14-15 A09:31 IN



<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Chia Tsung Yu</b>  Name and address where notices should be sent: <b>Chia Tsung Yu</b> <b>P.O. Box 7206</b> <b>Alhambra, CA 91802</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="text-align: center;">  </div>	
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;">           FILED - 00890            District of Nevada            Ameri-Dream, LLC         </div>	
1. Amount of Claim as of Date Case Filed: \$ <b>600.00</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Security deposit + \$200.00 reserve fund for residential property at 4084 Delos Dr. #101, Las Vegas, NV 89103. See attached description for more details. (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)  Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </div> </div> <div style="text-align: right;">         Amount entitled to priority:  <b>\$ 600.00</b> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

# EXHIBIT “29”

05-14-15 A09:32 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM																				
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED																						
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.																						
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Fortune 77 LLC</b>  Name and address where notices should be sent: <b>Fortune 77 LLC'</b> <b>P.O. Box 7206</b> <b>Alhambra, CA 91802</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> <div style="text-align: center;"> <p style="font-size: small; margin: 0;">Garden City Group, LLC</p> <p style="font-size: x-small; margin: 0;">MAY 14 2015</p> </div> </div>																					
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="border: 1px dashed black; padding: 5px; text-align: center; margin: 10px auto; width: 150px;"> <p style="font-size: x-small; margin: 0;">FILED - 00891</p> <p style="font-size: x-small; margin: 0;">District of Nevada</p> <p style="font-size: x-small; margin: 0;">Ameri-Dream, LLC</p> </div>																					
<b>1. Amount of Claim as of Date Case Filed: \$ 2,700.00</b>  If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.																						
<b>2. Basis for Claim:</b> Security deposit, key deposit, pet deposit, and \$200.00 reserve fund for residential property at 5517 Gipsy Ave., Las Vegas, NV 89107 (See instruction #2)																						
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  _____	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)																				
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <table style="width: 100%; font-size: small;"> <tr> <td style="width: 40%;">Nature of property or right of setoff:</td> <td style="width: 10%;"> <input type="checkbox"/> Real Estate  <input type="checkbox"/> Other         </td> <td style="width: 10%;"> <input type="checkbox"/> Motor Vehicle         </td> <td style="width: 40%;"> <b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b>          \$ _____       </td> </tr> <tr> <td>Describe:</td> <td colspan="3">Basis for perfection:</td> </tr> <tr> <td>Value of Property: \$ _____</td> <td colspan="3">Amount of Secured Claim: \$ _____</td> </tr> <tr> <td>Annual Interest Rate _____ %</td> <td colspan="3"> <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable          (when case was filed)       </td> </tr> <tr> <td colspan="3"></td> <td>Amount Unsecured: \$ _____</td> </tr> </table>			Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Other	<input type="checkbox"/> Motor Vehicle	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____	Describe:	Basis for perfection:			Value of Property: \$ _____	Amount of Secured Claim: \$ _____			Annual Interest Rate _____ %	<input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)						Amount Unsecured: \$ _____
Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Other	<input type="checkbox"/> Motor Vehicle	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____																			
Describe:	Basis for perfection:																					
Value of Property: \$ _____	Amount of Secured Claim: \$ _____																					
Annual Interest Rate _____ %	<input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)																					
			Amount Unsecured: \$ _____																			
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <table style="width: 100%; font-size: x-small;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> <b>Amount entitled to priority:</b>  <b>\$ 2,700.00</b> </div> <p style="font-size: x-small; margin-top: 10px;">*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).																	
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).																				
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)																						

Modified B10 (GCG) (4/13)

# EXHIBIT “30”

05-14-15 A09:23 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Yawen Li</b>  Name and address where notices should be sent: Yawen Li 616 East Pine St. Alhambra, CA 91801  Phone: (213) 748-5939 Email: yawen2000@gmail.com  Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;">             FILED - 00892              District of Nevada              Ameri-Dream, LLC           </div>	
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 150px;">             Garden City Group, LLC  <b>MAY 14 2015</b> </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>1,000.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Security deposit, key deposit, and \$200.00 security deposit for residential property at 5415 W. Harmon Ave. #1103, Las Vegas, NV 89103 (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)  Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).           </div> <div style="width: 35%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a) _____.           </div> </div> <div style="text-align: right; margin-top: 10px;">             Amount entitled to priority:  <b>\$ 1,000.00</b> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)



# EXHIBIT “31”

05-14-15 A09:23 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM			
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED					
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.					
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Yan Rong Tang</b>  Name and address where notices should be sent: <b>Yan Rong Tang</b> <b>234 Lee Ave.</b> <b>San Francisco, CA 94112</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____  <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 10px auto; text-align: center; line-height: 100px;">             Garden City Group, LLC  <b>MAY 14 2015</b> </div>				
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="border: 1px solid black; padding: 5px; text-align: center;">             FILED - 00893              District of Nevada              Ameri-Dream, LLC           </div>				
1. Amount of Claim as of Date Case Filed: \$ <u>1,500.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.					
2. Basis for Claim: <u>Security deposit, key deposit, and \$200.00 reserve fund for residential property at 9870 Delta Lake Ct., Las Vegas, NV 89148</u> (See instruction #2)					
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)			
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <table style="width: 100%;"> <tr> <td style="width: 50%;">           Nature of property or right of setoff: _____            Describe: _____            Value of Property: \$ _____            Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable            (when case was filed)         </td> <td style="width: 50%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____            Basis for perfection: _____            Amount of Secured Claim: \$ _____            Amount Unsecured: \$ _____         </td> </tr> </table>			Nature of property or right of setoff: _____ Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	
Nature of property or right of setoff: _____ Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____				
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).         </td> </tr> </table> <div style="text-align: right; margin-top: 10px;">         Amount entitled to priority:          \$ <u>1,500.00</u> </div>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).			
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)					

Modified B10 (GCG) (4/13)

# EXHIBIT “32”

Modified B10 (GCG) (4/13)

# EXHIBIT “33”

05-14-15 A09:24 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Binh Lu &amp; Minh Ly</b>  Name and address where notices should be sent: Binh Lu & Minh Ly 11621 Glowing Sunset Ln. Las Vegas, NV 89135  Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____  <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 150px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">             Garden City Group, LLC              MAY 14 2015           </div>	
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="border: 1px dashed black; padding: 5px; text-align: center;">             FILED - 00895              District of Nevada              Ameri-Dream, LLC           </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>1,800.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Security deposit, key deposit, and \$200.00 reserve fund for residential property at 2935 Indigo Haven Ln., Las Vegas, NV 89117</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).           </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).           </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).           </div> </div> <div style="text-align: right; margin-top: 10px;">             Amount entitled to priority:              \$ <u>1,800.00</u> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

# EXHIBIT “34”

Modified B10 (GCG) (4/13)



# EXHIBIT “35”

05-14-15 A09:26- IN




UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Binh Lu &amp; Minh Ly</b>  Name and address where notices should be sent:  <div style="padding-left: 20px;">Binh Lu &amp; Minh Ly 11621 Glowing Sunset Ln. Las Vegas, NV 89135</div>  Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: left; padding: 5px;">             Garden City Group, LLC   <b>MAY 14 2015</b> </div> </div>	
Name and address where payment should be sent (if different from above):  <div style="padding-left: 20px;">Same</div>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;">             FILED - 00897 District of Nevada Ameri-Dream, LLC           </div>	
<b>1. Amount of Claim as of Date Case Filed: \$ 1,800.00</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> Security deposit, key deposit, and \$200.00 reserve fund for residential property at 9676 Ridgebluff Ave., Las Vegas, NV 89148 (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  _____	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other             Describe: _____             Value of Property: \$ _____             Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable            (when case was filed)         </div> <div style="width: 50%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____             Basis for perfection: _____             Amount of Secured Claim: \$ _____             Amount Unsecured: \$ _____         </div> </div>		
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </div> </div> <div style="text-align: right; margin-top: 10px;"> <b>Amount entitled to priority:</b>  <b>\$ 1,800.00</b> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

# EXHIBIT “36”

05-14-15 A09:26 IN



<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Binh Lu &amp; Minh Ly</b>  Name and address where notices should be sent: <b>Binh Lu &amp; Minh Ly</b> <b>11621 Glowing Sunset Ln.</b> <b>Las Vegas, NV 89135</b>  Telephone number: Email address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="text-align: center;">  </div>
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;">         FILED - 00898          District of Nevada          Ameri-Dream, LLC       </div>
1. Amount of Claim as of Date Case Filed: \$ <u>1,700.00</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Security deposit and \$200.00 reserve fund for residential property at 9679 Ridgebluff Ave., Las Vegas, NV 89148</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)  Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </div> </div> <div style="text-align: right;">         Amount entitled to priority:  <b>\$ 1,700.00</b> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

# EXHIBIT “37”

05-14-15 A09:27 IN



<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Golden Sun Dynasty, LLC</b>  Name and address where notices should be sent: Golden Sun Dynasty, LLC c/o Chi Hsu Sun 18629 Trot Ave. Rowland Heights, CA 91748  Email: sun3700@gmail.com  Telephone number: Email address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 150px; margin: 0 auto;">             Garden City Group, LLC  <b>MAY 14 2015</b> </div>
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="border: 1px dashed black; padding: 5px; text-align: center;">             FILED - 00899              District of Nevada              Ameri-Dream, LLC           </div>
1. Amount of Claim as of Date Case Filed: \$ <u>1,200.00</u>		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Security Deposit and \$200.00 reserve fund for residential property at 2713 Valparaiso St., Las Vegas, NV 89108</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).  Amount entitled to priority: \$ <u>1,200.00</u>
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

# EXHIBIT “38”

05-14-15 A09:27 IN



<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Golden Sun Dynasty, LLC		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Golden Sun Dynasty, LLC c/o Chi Hsu Sun 18629 Trot Ave. Rowland Heights, CA 91748  Email: sun3700@gmail.com  Telephone number: Email address:		Court Claim Number:  (If known)  Filed on:  <div style="text-align: center;"></div>
Name and address where payment should be sent (if different from above):  Same  Telephone number: Email address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: center;">FILED - 00900 District of Nevada Ameri-Dream, LLC</div>
1. Amount of Claim as of Date Case Filed: \$ 2,200.00		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Security Deposit and \$200.00 reserve fund for residential property at 2604 Amarillo St., Las Vegas, NV 89102 (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  _ _ _ _	3a. Debtor may have scheduled account as:  (See instruction #3a)	3b. Uniform Claim Identifier (optional):  (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).		Amount entitled to priority: \$ 2,200.00
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		


Modified B10 (GCG) (4/13)



# EXHIBIT “39”

05-14-15 A09:28 IN




UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM								
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED										
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.										
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Golden Sun Dynasty, LLC</b>  Name and address where notices should be sent: Golden Sun Dynasty, LLC c/o Chi Hsu Sun 18629 Trot Ave. Rowland Heights, CA 91748  Email: sun3700@gmail.com  Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="text-align: center;">  </div>									
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;">           FILED - 00901            District of Nevada            Ameri-Dream, LLC         </div>									
<b>1. Amount of Claim as of Date Case Filed: \$ 1,800.00</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.										
<b>2. Basis for Claim:</b> Security Deposit, key deposit, pet deposit, and and \$200.00 reserve fund for residential property at 4162 Larkwood Ave., Las Vegas, NV 89103 (See instruction #2)										
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  _____	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)								
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Nature of property or right of setoff:</td> <td style="width: 10%;"><input type="checkbox"/> Real Estate</td> <td style="width: 10%;"><input type="checkbox"/> Motor Vehicle</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> </table> Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)  Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____			Nature of property or right of setoff:	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Motor Vehicle			<input type="checkbox"/> Other		
Nature of property or right of setoff:	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Motor Vehicle								
	<input type="checkbox"/> Other									
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).         </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> <b>Amount entitled to priority:</b>  <b>\$ 1,800.00</b> </div>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).					
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).								
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.										
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)										

Modified B10 (GCG) (4/13)

# EXHIBIT “40”

05-14-15 A10:24 IN




UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM			
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED					
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.					
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Moshin Hafeez</b>  Name and address where notices should be sent:  <b>Connaghan Newberry Law Firm</b> <b>7854 W. Sahara Ave.</b> <b>Las Vegas, NV 89117</b>  Telephone number: (702) 608-4232 Email address: <b>tnewberry@cnlawlv.com</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="text-align: center;">  </div>				
Name and address where payment should be sent (if different from above):     Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;"> <b>FILED - 00906</b>  <b>District of Nevada</b>  <b>Ameri-Dream, LLC</b> </div>				
<b>1. Amount of Claim as of Date Case Filed: \$ 1,588</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.					
<b>2. Basis for Claim:</b> <u>Rent and Security Deposit for 6909 Squaw Mountain #201, North Las Vegas, NV 89130</u> (See instruction #2)					
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  _____	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)			
<b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)  Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____					
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).             </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> <b>Amount entitled to priority:</b>          \$ <u>200</u> </div>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).			
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)					

Modified B10 (GCG) (4/13)

# EXHIBIT “41”

05-14-15 A10:26 IN




UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Steven Wong, Sonia Chou</b>  Name and address where notices should be sent: <b>Connaghan Newberry Law Firm</b> <b>7854 W. Sahara Ave.</b> <b>Las Vegas, NV 89117</b>  Telephone number: (702) 608-4232 Email address: <a href="mailto:tnewberry@cnlawlv.com">tnewberry@cnlawlv.com</a>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____  <div style="text-align: center;">  </div>	
Name and address where payment should be sent (if different from above):     Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center; border: 1px solid black; padding: 5px;">           FILED - 00910            District of Nevada            Ameri-Dream, LLC         </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>2,790</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Rent and Security Deposit for 10250 Sourwood Avenue, Las Vegas, NV 89135</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other            Describe: _____            Value of Property: \$ _____            Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable            (when case was filed)         </div> <div style="width: 50%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____            Basis for perfection: _____            Amount of Secured Claim: \$ _____            Amount Unsecured: \$ _____         </div> </div>		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 35%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).            Amount entitled to priority:            \$ <u>2775</u> </div> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

# EXHIBIT “42”

05-14-15 A10:27 IN




<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>			
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED					
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.					
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Hong Cai</b>  Name and address where notices should be sent:  <b>Connaghan Newberry Law Firm</b> <b>7854 W. Sahara Ave.</b> <b>Las Vegas, NV 89117</b>  Telephone number: (702) 608-4232 Email address: <a href="mailto:tnewberry@cnlawlv.com">tnewberry@cnlawlv.com</a>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____  <div style="text-align: center;">  </div>				
Name and address where payment should be sent (if different from above):     Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;"> <b>FILED - 00912</b>  <b>District of Nevada</b>  <b>Ameri-Dream, LLC</b> </div>				
<b>1. Amount of Claim as of Date Case Filed: \$ 3,719</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.					
<b>2. Basis for Claim:</b> <u>Rent and Security Deposit for 3622 Dutchmans Vine, North Las Vegas, NV 89081</u> (See instruction #2)					
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  _____	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)			
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other   <b>Describe:</b> _____   <b>Value of Property:</b> \$ _____   <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable          (when case was filed)       </td> <td style="width: 50%;"> <b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b>          \$ _____   <b>Basis for perfection:</b> _____   <b>Amount of Secured Claim:</b> \$ _____   <b>Amount Unsecured:</b> \$ _____       </td> </tr> </table>			<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  <b>Describe:</b> _____  <b>Value of Property:</b> \$ _____  <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____  <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____	
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  <b>Describe:</b> _____  <b>Value of Property:</b> \$ _____  <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____  <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____				
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <table style="width: 100%;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).       </td> <td style="width: 33%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).       </td> <td style="width: 33%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).       </td> </tr> </table> <div style="text-align: right;"> <b>Amount entitled to priority:</b>          \$ <u>1,200</u> </div>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).			
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)					

Modified B10 (GCG) (4/13)




# EXHIBIT “43”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM						
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED								
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Chang Hsiu Kang</b>  Name and address where notices should be sent: <b>Connaghan Newberry Law Firm</b> <b>7854 W. Sahara Ave.</b> <b>Las Vegas, NV 89117</b>  Telephone number: (702) 608-4232 Email address: <b>tnewberry@cnlawlv.com</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____  <div style="text-align: center;">  </div>							
Name and address where payment should be sent (if different from above):    Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.   <div style="text-align: center; font-family: monospace; font-size: 1.2em;">05-14-15 A10:22 IN</div>							
1. Amount of Claim as of Date Case Filed: \$ <u>5,200</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.								
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>FILED - 00913</b>  <b>District of Nevada</b>  <b>Ameri-Dream, LLC</b> </div>								
2. Basis for Claim: <u>Rent and Security Deposit for 7446 Wagonwheel Ranch Way, Las Vegas, NV 89113</u> (See instruction #2)								
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)						
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)  Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____								
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.  <table style="width: 100%; font-size: small;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).             </td> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).             </td> </tr> </table> <div style="text-align: right; margin-top: 10px;">             Amount entitled to priority: \$ <u>2,775</u> </div>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).						
<input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).						
* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.								
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)								

# EXHIBIT “44”



<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Lin &amp; Chen Investment LLC</b>  Name and address where notices should be sent:  <b>Connaghan Newberry Law Firm</b> <b>7854 W. Sahara Ave.</b> <b>Las Vegas, NV 89117</b>  Telephone number: (702) 608-4232 Email address: <b>tnewberry@cnlawlv.com</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____  <div style="text-align: center;">  </div>	
Name and address where payment should be sent (if different from above):     Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.   <div style="text-align: center;">05-14-15 A10:27 IN</div>	
1. Amount of Claim as of Date Case Filed: \$ <u>5,236</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Rent and Security Deposit for 5867 Lanapee Court, Las Vegas, NV 89113</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).           </div> <div style="width: 35%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).           </div> </div> <div style="text-align: right;">         Amount entitled to priority:          \$ <u>2775</u> </div>		
* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

# EXHIBIT “45”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM								
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED										
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.										
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>James Lam, Jing Hia Lam</b>  Name and address where notices should be sent:  <b>Connaghan Newberry Law Firm</b> <b>7854 W. Sahara Ave.</b> <b>Las Vegas, NV 89117</b>  Telephone number: (702) 608-4232 Email address: <b>tnewberry@cnlawlv.com</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____  <div style="text-align: center;">  </div>									
Name and address where payment should be sent (if different from above):     Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.   <div style="text-align: center; font-family: monospace;">05-14-15 A10:30 IN</div>									
<b>1. Amount of Claim as of Date Case Filed: \$ 3,150</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.										
FILED - 00916 District of Nevada Ameri-Dream, LLC										
<b>2. Basis for Claim:</b> <u>Rent and Security Deposit for 4768 Bow Canyon Court, Las Vegas, NV 89147</u> (See instruction #2)										
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  _____	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)								
<b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate           <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other         </td> <td style="width: 50%;"> <b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b>            \$ _____         </td> </tr> <tr> <td> <b>Describe:</b> _____         </td> <td> <b>Basis for perfection:</b> _____         </td> </tr> <tr> <td> <b>Value of Property:</b> \$ _____         </td> <td> <b>Amount of Secured Claim:</b> \$ _____         </td> </tr> <tr> <td> <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable          (when case was filed)         </td> <td> <b>Amount Unsecured:</b> \$ _____         </td> </tr> </table>			<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____	<b>Describe:</b> _____	<b>Basis for perfection:</b> _____	<b>Value of Property:</b> \$ _____	<b>Amount of Secured Claim:</b> \$ _____	<b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	<b>Amount Unsecured:</b> \$ _____
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____									
<b>Describe:</b> _____	<b>Basis for perfection:</b> _____									
<b>Value of Property:</b> \$ _____	<b>Amount of Secured Claim:</b> \$ _____									
<b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	<b>Amount Unsecured:</b> \$ _____									
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <table style="width: 100%;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).         </td> <td style="width: 33%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).         </td> <td style="width: 33%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).         </td> </tr> <tr> <td> <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </td> <td> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </td> <td> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).         </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> <b>Amount entitled to priority:</b>          \$ <u>2775</u> </div> <p style="font-size: x-small; margin-top: 10px;">* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).								
<input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).								
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)										

Modified B10 (GCG) (4/13)

# EXHIBIT “46”

05-14-15 A09:17 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Chu Hsiao Wen Henry</u> Name and address where notices should be sent: <div style="margin-left: 40px;">Chu Hsiao Wen Henry 10656 Warrior Ct. Las Vegas, NV 89135</div> Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim Court Claim Number: _____ (If known) Filed on: _____ <div style="text-align: center; margin-top: 20px;"> </div> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: center; margin-top: 10px;">           FILED - 00922            District of Nevada            Ameri-Dream, LLC         </div>	
Name and address where payment should be sent (if different from above): <div style="margin-left: 40px; font-size: 1.2em;">Same</div> Telephone number: Email address:	<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.	
1. Amount of Claim as of Date Case Filed: \$ <u>1,367.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Security deposit for 8243 Golden Cypress</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other            Describe: _____            Value of Property: \$ _____            Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable            (when case was filed)         </div> <div style="width: 50%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____            Basis for perfection: _____            Amount of Secured Claim: \$ _____            Amount Unsecured: \$ _____         </div> </div>		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7)  <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 35%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </div> </div> <div style="text-align: right; margin-top: 10px;">           Amount entitled to priority:  <u>\$ 1,367.00</u> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)



# EXHIBIT “47”

05-14-15 A09:17 IN



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>HARRY H. MA</u>  Name and address where notices should be sent: <u>HARRY H. MA</u> <u>217 N. ORANGE AVENUE</u> <u>MONTEREY PARK, CA 91755</u>  Telephone number: <u>310.351.4792</u> Email address: <u>hmm99@yahoo.com</u>  Name and address where payment should be sent (if different from above):  <u>SAME AS ABOVE</u>  Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____  <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; margin: 0 auto; padding: 10px;">             Garden City Group, LLC  <b>MAY 14 2015</b> </div> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: right; padding-right: 20px;">             FILED - 00923              District of Nevada              Ameri-Dream, LLC           </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>1,600.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>FIRST MONTH RENT AMOUNT FOR SECURITY DEPOSIT</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).           </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).           </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).           </div> </div> <div style="text-align: right; padding-top: 10px;">             Amount entitled to priority:              \$ <u>1,600.00</u> </div>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

\*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Modified B10 (GCG) (4/13)