EXHIBIT "11"

LINETHER OFFI	E CLATA DE COMO ESTADO	DESCRIPTION OF	C 100 1 77 1951 1789 1880
	UM PUN AKI B		

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 are expense according to 11 U.S.C. § 503.	ses after the bankruptcy filing. You may file a request for payment of an administrative			
Name of Creditor (the person or other entity to whom the Debtor owes money or	☐ Check this box to indicate that this claim amends a previously filed claim.			
property): Jing Chou Li, Lucy Xi Luc	Court Claim Number:			
Name and address where notices should be sent:				
Jing Chou Li, Lucy Xi Luc 1247-235 Keith Rd	(If known) alden City Group			
1247-235 Keith Ka.	Filed on:			
West Vancouver, BC NV V7T1L5	(MAY - 8 2015)			
Canada ·				
Telephone number: 604-921-2808 (Canada) Email address: LUOXI _ 888888@hotmail.com				
Email address: 1 UOXI _ 888888@hokmail.com				
Name and address where payment should be sent (if different from above):	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 - 00466 District of Nevada			
Telephone number:	Ameri-Dream, LLC			
Email address:				
1. Amount of Claim as of Date Case Filed: \$ 39645.67	-			
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.				
☐ 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: Deposit on rental home &	rental payment for rental home			
3. Last four digits of any number by which creditor identifies debtor: 3a	Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as:			
3	ing Chauti, Lucy Xi			
	(See instruction #3a) Loo (See instruction #3b)			
 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right attach required reducted documents, and provide the requested information. 	Amount of arrearage and other charges, as of the time case ght of setoff, was filed, included in secured claim, if any:			
Nature of property or right of setoff: ☐ Real Estate ☐ N	fotor Vehicle			
□ Other	Basis for perfection:			
Describe:				
Value of Property: S	Amount of Secured Claim: \$			
	ariable			
(when case was filed)	Amount Unsecured: \$			
the priority and state the amount.	art of the claim falls into one of the following categories, check the box specifying			
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) ### U.S.C. § 507 (a)(1)(A) or (a)(1)(B) #### U.S.C. § 507 (a)(1)(A) or (a)(1)(B) ##################################	0 days before plan - 11 U.S.C. § 507 (a)(5).			
☐ Up to \$2,775* of deposits toward business ceased, whichever	is earlier - Other - Specify applicable paragraph Amount entitled to priority:			
purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4). services for personal, family, or	of 11 U.S.C. § 507 (a)().			
household use – 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U.S.	S.C. §			
507 (a)(8).				
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w				
Credits. The amount of all payments on this claim has been credited for the p	purpose of making this proof of claim. (See instruction #6)			

EXHIBIT "12"

B10 (Official Form 10) (04/13)				(20)
UNITED STATES BANKRUPTCY COURT			,	PROOF OF CLAIM
Name of Debtor		Case Number		
Ameri-Oream Realty LLC		BK-S-15-	0110-LED	15 rgs 25 P2 32
NOTE. Do not use this form to make a claim for an admin may file a request for payment of an admini. Name of Creditor (the person or other entity to whom the d	strative expense according to	11 U.S.C. § 5		U.S. BAN PRUE TO A COLUMN MATERIAL DISTRIBUTION
Natasha Martell				COURT USE ONLY
Name and address where notices should be sent: 5393 Bristol Bend CT Las Vegas, NV 89135 Telephone number: (702) 205-0105 email: Mrsh	Martell33@yahoo.com	Garden	City Group	Check this box if this claim amends a previously filed claim Court Claim Number: (If known)
Name and address where payment should be sent (if differe		(FEE	2 5 2015	Fried on: Check this box if you are aware that
Telephone number: email:	FILED - 00046 District of Nevada Ameri-Dream, LLC			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: 5	T,	845.00	<u> </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 its	em 5.			
OCheck this box if the claim includes interest or other cha	orges in addition to the princip	pal amount of	he claim. Attach a	statement that itemizes interest or charges
Basis for Claim: Security Deposit, Key Deposit (See instruction #2)	sit. Admin/CreditApp, Cl	leaning		
by which creditor identifies debtor:	y have scheduled account a		orm Claim Identif	ler (optional):
(See instruction	#3a)		truction #3b)	other charges, as of the time case was filed,
 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien setoff, attach required reducted documents, and provide the 			In secured claim,	
Nature of property or right of setoff: □Real Estate □ Describe:	Motor Vehicle POther	Basis fo	perfection:	
Value of Property: S		A mount	of Secured Claim	: s
Annual Interest Rate% ©Fixed or ©Variab (when case was filed)	le	Amount	Unsecured:	5
5. Amount of Claim Entitled to Priority under 11 U.S. the priority and state the amount.	C. § 507 (a). If any part of	the claim falls	into one of the fol	lowing categories, check the box specifying
U.S.C. § 507 (a)(1)(A) or (a)(1)(B). carned with debtor's bu	salaries, or commissions (up hin 180 days before the case v isiness ceased, whichever is o § 507 (a)(4).	was filed or the	O Contribution comployee ben II U S.C. § 5	efit plan -
	r penalties owed to governme § 507 (a)(8)	ental units –	O Other - Sp applicable pa II U.S C § 5	ragraph of
*Amounts are subject to adjustment on 4/01/16 and every	3 years thereafter with respe	ci to cases con	mmenced on or after	the date of adjustment.
6. Credits. The amount of all payments on this claim has				

EXHIBIT "13"

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED	D
NOTE: Do not use this form to make a claim for an administrative expense that are expense according to 11 U.S.C. § 503.	rises after the bankruptcy filing. You may file a request for payment of an administrative
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Vatasha Martell Name and address where notices should be sent:	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number:
5393 Bristol Bendet Las Vegas, NV 89135	Filed on:
Telephone number: 702-205-0105 Email address: McSmartel/33@ yahav.com	Check this box if you are aware that anyone else has filed a proof of claim relating to
Name and address where payment should be sent (if different from above): Telephone number:	this claim. Attach copy of statement giving particulars. FILED - 00066 District of Nevada Ameri-Dream, LLC
Email address: 1. Amount of Claim as of Date Case Filed: S 1, 8 45.	
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. Check this box if the claim includes interest or other charges in addition to the claim includes in a claim includes in addition to the claim includes in a c	to the principal amount of the claim. Attach a statement that itemizes interest or charges.
3. Last four digits of any number by which creditor identifies debtor: 3a	ia. Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as:
	(Continue tion #2-)
	(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 attach required reducted documents, and provide the requested information. Nature of property or right of retoff: D. Real Enter	Amount of arrearage and other charges, as of the time case right of setoff, was filed, included in secured claim, if any:
Check the appropriate box if the claim is secured by a lien on property or a ri attach required reducted documents, and provide the requested information.	Amount of arrearage and other charges, as of the time case
Check the appropriate box if the claim is secured by a lien on property or a ri attach required redacted documents, and provide the requested information. Nature of property or right of setoff: Real Estate Other	Amount of arrearage and other charges, as of the time case right of setoff, was filed, included in secured claim, if any: S Motor Vehicle
Check the appropriate box if the claim is secured by a lien on property or a ri attach required redacted documents, and provide the requested information. Nature of property or right of setoff:	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: S Motor Vehicle Basis for perfection:
Check the appropriate box if the claim is secured by a lien on property or a right attach required redacted documents, and provide the requested information. Nature of property or right of setoff: Real Estate Other Describe: Value of Property: S Annual Interest Rate S (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: S Motor Vehicle Basis for perfection: Amount of Secured Claim: S Variable
Check the appropriate box if the claim is secured by a lien on property or a right attach required redacted documents, and provide the requested information. Nature of property or right of setoff: Describe: Value of Property: S Annual Interest Rate (when case was filed) Manual Interest Rate Water of Property: S Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any put the priority and state the amount. Domestic support obligations under 11 U.S.C. § 507 (a) Wages, salaries, or commiss \$12,475*) earned within 18 the case was filed or the Details and the case was filed or t	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: S Motor Vehicle Basis for perfection: Amount of Secured Claim: S Variable Amount Unsecured: part of the claim falls into one of the following categories, check the box specifying dissions (up to Contributions to an employee benefit 80 days before plan – 11 U.S.C. § 507 (a)(5).
Check the appropriate box if the claim is secured by a lien on property or a right attach required redacted documents, and provide the requested information. Nature of property or right of setoff: Describe: Value of Property: S Annual Interest Rate (when case was filed) S. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any puthe priority and state the amount. Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475*) earned within 18	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: S
Check the appropriate box if the claim is secured by a lien on property or a right attach required redacted documents, and provide the requested information. Nature of property or right of setoff: Describe: Value of Property: S Annual Interest Rate (when case was filed) S. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any paths the priority and state the amount. Domestic support obligations under 11 U.S.C. § 507 (a). (a) (1) (B). 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) Taxes or penalties owed to governmental units – 11 U.S.C.	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: S

EXHIBIT "14"

HATTAN	MAN	937 90 1 18	111111
			144

	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 are expense occording to 11 U.S.C. § 503.	ises after the bankruptcy filing. You may file a request for payment of an administrative					
Name of Creditor (the person or other entity to whom the Debtor owes money or property):	Check this box to indicate that this claim amends a previously filed claim.					
19 GING CHANG	Court Claim Number:					
Name and address where notices should be sent:	(Supplied of the supplied of					
Vegas Pro	(If known)					
Attn: Tiffany Chau 6276 Spring Mountain Rd. #100	Filed on: MAY 1 2 2015					
Las Vegas, NV 89146	Page on.					
Phone: (702) 217-9389						
Telephone number:						
Enter address:						
Name and address where payment should be sent (if different from above):	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to					
	this dalm. Attach copy of statement giving particulars.					
Same	, , , , , , , , , , , , , , , , , , , ,					
	FILED - 00743					
Telephone number:	District of Nevada Ameri-Dream, LLC					
Email address:	Ameri-Dream, ELC					
1. Amount of Claim as of Date Case Filed: S						
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.	•					
. ,						
	the principal amount of the claim. Attach a statement that itemizes interest or charges.					
2. Basis for Claim: Security deposit on residential lesse - 5393 Bristol Bond Ct., LV, NV 89135						
2. Basis for Claim: Le CUTTY deposit un resident (See instruction #2)	hallesse - 5393 Bristol Bond Ct., LV, NV 8913					
(See instruction #2)	Debtor may have scheduled 3b. Uniform Claim Identifier (optional):					
(See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3s						
(See instruction #2)	a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):					
(See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3.	Debtor may have scheduled account as: (See instruction #3a) 3b. Uniform Claim Identifier (optional): (See instruction #3b)					
(See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3. Last four digits of any number by which creditor identifies debtor: 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of the claim is secured by a lien or a right of the claim is secured by a lien or a right of the claim is secured by a lien or a right of the claim is secured by a lien or a right of the claim is secured by a lien or a right of the claim is secured by a lien or a right or a right of the claim is secured by a lien or a right or a ri	2. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage and other charges, as of the time case					
Secured Claim (See instruction #4) Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right attach required reducted documents, and provide the requested information.	2. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage and other charges, as of the time case ight of setoff, was filed, included in secured claim, if any: S					
Secured Claim (See instruction #4) Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right attach required reducted documents, and provide the requested information.	2. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage and other charges, as of the time case ight of setoff, was filed, included in secured claim, if any: S					
Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a mattach required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate	2. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage and other charges, as of the time case ight of setoff, was filed, included in secured claim, if any: S					
Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a mattach required redacted documents, and provide the requested information. Nature of property or right of setoff:	2. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage and other charges, as of the time case ight of setoff, was filed, included in secured claim, if any: S					
Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a restach required redacted documents, and provide the requested information. Nature of property or right of setoff: Describe: Value of Property: S	Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: S Amount of Secured Claim: Amount of Secured Claim: S Amount of Secured Claim:					
Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a rientach required redacted documents, and provide the requested information. Nature of property or right of setoff: Describe: Value of Property: S	2. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: S Motor Vehicle Basis for perfection:					
Secured Claim (See instruction #4) A. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of required reducted documents, and provide the requested information. Nature of property or right of setoff: Describe: Value of Property: S Annual Interest Rate	Amount of Secured Claim: Debtor may have scheduled account as: (See instruction #3a) (See instruction #3b)					
(See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3. Check the appropriate box if the claim is secured by a lien on property or a mattach required reducted documents, and provide the requested information. Nature of property or right of setoff: Describe: Value of Property: \$ Annual Interest Rate (when case was filed) 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any p the priority and state the amount. Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475^*) earned within 18	Amount of Secured Claim: Carriable Amount Unsecured: Amount Unsecured: Amount of Secured Claim: Amount Unsecured: Amount Unsecured: Carriable Amount Unsecured: Amount Unsecured: Carriable Carriable Amount Unsecured: Carriable Carriable Carriable Amount Unsecured: Carriable Carriable Carriable Carriable Carriable Amount Unsecured: Carriable					
Secured Claim (See instruction #4) A. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a mattach required reducted documents, and provide the requested information. Nature of property or right of setoff:	Amount of Secured Claim: Carriable Amount Unsecured: Amount Unsecured: Amount of Secured Claim: Amount Unsecured: Amount Unsecured: Carriable Amount Unsecured: Amount Unsecured: Carriable Carriable Amount Unsecured: Carriable Carriable Carriable Amount Unsecured: Carriable Carriable Carriable Carriable Carriable Amount Unsecured: Carriable					
(See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3. Check the appropriate box if the claim is secured by a lien on property or a reattach required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate 9	Amount of Secured Claim: Amount of Secured: Amount of Se					
Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a mattach required redacted documents, and provide the requested information. Nature of property or right of setoff:	Amount of Secured Claim: Amount Unsecured: Seriors (up to Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). Cotton's is earlier - Cotter - Specify applicable paragraph of 11 U.S.C. § 507 (a)(
(See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3. Check the appropriate box if the claim is secured by a lien on property or a rientach required redacted documents, and provide the requested information. Nature of property or right of setoff: Describe: Value of Property: \$ Annual Interest Rate	Amount of Secured Claim: Amount Unsecured: Seriors (up to Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). Cotton's is earlier - Cotter - Specify applicable paragraph of 11 U.S.C. § 507 (a)(
(See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: O	Debtor may have scheduled account as: (See instruction #3a) (See instruction #3b)					
(See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3. Check the appropriate box if the claim is secured by a lien on property or a right of required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate 1	Amount of Secured Claim: Amount of Secured Claim: Amount of Secured Claim: Amount of Secured Claim: Amount Unsecured: Surfaible Amount Unsecured: Amount Unsecured: Amount Unsecured: Amount Unsecured: Amount Unsecured: Amount Unsecured: Surfails into one of the following categories, check the box specifying sistens (up to Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). Solution: Surfails Amount entitled to priority: Surfails Surfails (up to Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). Solution: Surfails Surfails (up to Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). Solution: Surfails Surfails (up to Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). Solution: Surfails Surfails (up to Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). Solution: Surfails Surfails (up to Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). Solution: Surfails Surfails (up to Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). Solution: Surfails Surfails (up to Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). Surfails (up to Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).					

EXHIBIT "15"

B10 (Official Form 10) (04/13)					
UNITED STATES BANKR	UPTCY COURT District of N	levada	PROOF OF	CLAIM	
Name of Debtor: AMERI-DREAM REALTY LLC		Case Number: 15-10110	FILED		
NOTE: Do not use this form to make You may file a request for p	U.S. Bankrup District of				
Name of Creditor (the person or other entited Patrick Ganci	ty to whom the debtor owes money or property		2/26/2 Mary A. Sch COURT US	ott, Clerk	
Name and address where notices should be Patrick Ganci 10407 Timber Star Ln Las Vegas, NV 89135	sent:	Garden City Group Is	Check this box if this cla amends a previously filed	I claim.	
Telephone number: 702-769-5442	email: gemmaganci@cox.net	FEB 2 6 2015	Court Claim Number:	(If known) Filed on:	
Name and address where payment should	be sent (if different from above): FILED - 00047 District of Nevada Ameri-Dream, LLC		Check this box if you are that anyone else has filed of claim relating to this of Attach copy of statement particulars.	a proof laim.	
Telephone number: email:	7111111 27 211111, 2 2 2				
Basis for Claim: Rental Security D Basis four digits of any number by which creditor identifies dehtor: 0110	3a. Debtor may have scheduled account as:	3b. Uniform Claim Identifi	er (optional):		
<u> </u>	(See instruction #3a)	(See alsa dettoil #50)			
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is setoff, attach required redacted document Nature of property or right of setoff: Describe: rental deposit Value of Property: S	Real Estate	Amount of arrear included in secure Other Basis for perfection Amount of Secure	S	ime case was filed,	
5. Amount of Claim Entitled to Priority	y under 11 U.S.C. §507(a). If any part of the	claim falls into one of the follo	wing categories, check the box sp	ecifying the priority	
and state the amount. Domestic support obligations under U.S.C. §507(a)(1)(A) or (a)(1)(B).	Wages, salaries, or commissions (u earned within 180 days before the corthe debtor's business ceased, whi U.S.C. §507(a)(4).	ase was filed	Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).	Amount entitled to priority:	
Up to \$2,775° of deposits toward purchase, lease, or rental of property services for personal, family, or household use ~ 11 U.S.C. §507(a)(* ' ' ' ' '	nental units - 11 U.S.C.	Other - Specify applicable paragraph of 11 U.S.C. §507(a)(_).	s3070.00	
*Amounts are subject to adjustment on 4	/01/16 and every 3 years thereafter with respe	ct to cases commenced on or afte	r the date of adjustment.		
6. Credits. The amount of all payments of	in this claim has been credited for the purpose	of making this proof of claim. (Se	ee instruction #6)		

EXHIBIT "16"

II II	ı III j	Ш	MN		IJ	Į
	Ш	Ш		Ш	11	i

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LEI	
NOTE: Do not use this form to make a claim for an administrative expense that or expense occording to 11 U.S.C. § 503.	rises after the bankruptcy filing. You may file a request for payment of an administrative
Name of Creditor (the person or other entity to whom the Debtor owes money or property): ASTOCK Pro-LLC	☐ Check this box to indicate that this claim amends a previously filed claim. — Court Claim Number:
Name and address where notices should be sent: ASYOCK Pro LLC	(If known) siden City Grove
13988 street of Chimes Chino Hills, CA 91709	Filed on:
· · · · · · · · · · · · · · · · · · ·	1015
Telephone number: 626 893 9988 Email address: 060ive prol\c@yo\com	
Name and address where payment should be sent (if different from above):	Check this box if you are aware that anyone else has filed a proof of claim relating to this dalm. Attach copy of statement giving particulars.
	FILED - 00349
Telephone number:	District of Nevada Ameri-Dream, LLC
Email address: 1. Amount of Claim as of Date Case Filed: \$ 36,735	<u></u>
If all or part of the claim is secured, complete item 4.	<u>.</u>
If all or part of the claim is entitled to priority, complete item 5.	
☐ Check this box if the claim includes interest or other charges in addition to	to the principal amount of the claim. Attach a statement that itemizes interest or charges.
2. Basis for Claim: Deposit on Rent	al Homes
	a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as:
0291	(See instruction #3b) (See instruction #3b)
4. Secured Claim (See instruction #4)	(See instruction #3a) (See instruction #3b) Amount of arrearage and other charges, as of the time case
Check the appropriate box if the claim is secured by a lien on property or a ri attach required redacted documents, and provide the requested information.	right of setoff, was filed, included in secured claim, if any:
□ Other	Motor Vehicle Basis for perfection:
Value of Property: S	Amount of Secured Claim: S
	Variable
(when case was filed)	Amount Unsecured: \$
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any p the priority and state the amount. 	part of the claim falls into one of the following categories, check the box specifying
U Domestic support obligations under Wages, salaries, or commiss 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475*) earned within 18 the case was filed or the De	80 days before plan - 11 U.S.C. § 507 (a)(5).
up to \$2,775* of deposits toward business ceased, whichever purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4).	
services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U. 507 (a)(8).	s
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	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"

	11 12 12 13 14 15 16 16 16 16 16 16 16
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 bankrup expense according to 11 U.S.C. § 503.	tcy filing. You may file a request for payment of an administrative
	o indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Name and address where notices should be sent:	ber:
Marsulis Brown 10952 prane Grow	(If known) Castlen City Gray
Sure Hedre 10952 previce Gravilled on:	WAR - 6 2015
Telephone number: 5\0 - 599 - 967 \$\frac{2}{6}\$. Email address:	
I value and address where payment should be sent (if different from above).	you are aware that anyone else has filed a proof of claim relating to opy of statement giving particulars.
Muschis -(51)-599-9672	F1LED - 00054
	District of Nevada Ameri-Dream, LLC
Telephone number: Email address:	Ameri-Dream, LLC
1. Amount of Claim as of Date Case Filed: \$ 5, 355 plus 200 cleans	ng fre
If all or part of the claim is secured, complete item 4.	1 ,
If all or part of the claim is entitled to priority, complete item 5.	
☐ Check this box if the claim includes interest or other charges in addition to the principal amoun	t of the claim. Attach a statement that itemizes interest or charges.
2. Basis for Claim: Pond Scruces we gue b (See instruction #2)	in money for home to rese
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have	scheduled 3b. Uniform Claim Identifier (optional):
account as: John B (See instruction	<u>νοωη</u>
4. Secured Claim (See instruction #4)	no m3a) (See instruction #3b) nount of arrearage and other charges, as of the time case as filed, included in secured claim, if any:
attach required redacted documents, and provide the requested information.	s_5,35S
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other ☐ Ba	sis for perfection:
Describe: first last and securety deposite	as to percentia.
Value of Property: \$ 1,7.85	mount of Secured Claim: \$_5,355
Annual Interest Rate%	nount Unsecured: \$ 200
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls the priority and state the amount. 	into one of the following categories, check the box specifying
□ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). □ Wages, salaries, or commissions (up to □ Commissions (up to □ Commissions) \$12,475*) earned within 180 days before plant the case was filed or the Debtor's business ceased, whichever is earlier — □ Other commissions (up to □ Commissions)	ntributions to an employee benefit n = 11 U.S.C. § 507 (a)(5). Amount entitled to priority: 1 U.S.C. § 507 (a)().
services for personal, family, or household use – i1 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	\$ 5,353
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases c	ommenced 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 the	is proof of claim. (See instruction #6) Modified B18 (GCC) (4/13)

EXHIBIT "18"

ď	* * * * * * * * * * * * * * * * * * * *						
UNI	TED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA		PROOF OF CLAIM			
Name	Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED						
ехреп	Do not use this form to make a claim for an administrative expense that a se according to 11 U.S.C. § 503.						
Name	of Creditor (the person or other entity to whom the Debtor owes money or	Check this b	ox to indicate that this	claim amends a previously filed claim.			
	and address where notices should be sent:	Court Claim !	Number:	City Street			
	iru Trust			(IJ known)			
8	112 Wispy Sage Way	Filed on:		(MAY - 1 2015			
1	as Vegas, NV 89149 hone number: (702) 283 2779		,				
Telep	address: Liuke 1020 @ hotmail. Com						
	and address where payment should be sent (if different from above):		ox if you are aware tha	t anyone else has filed a proof of claim relating to siving particulars.			
1 3	iane as above		FILE	D - 00251			
				of Nevada			
	hone number:		Ameri-I	Oream, LLC			
	address: Amount of Claim as of Date Case Filed: S 2,417.			WP WP			
	If all or part of the claim is secured, complete item 4.						
1	If all or part of the claim is entitled to priority, complete item 5.						
	☐ Check this box if the claim includes interest or other charges in addition	to the principal an	nount of the claim. Atta	ch a statement that itemizes interest or charges.			
2.	Basts for Claim: <u>Security Deposit</u> , Cleani (See instruction #2)	ng Fee	and unp	paid rent.			
3.	Last four digits of any number by which creditor identifies debtor:	3a. Debtor may account as:	have scheduled	3b. Uniform Claim Identifier (optional):			
		(See inst	ruction #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 attach required reducted documents, and provide the requested information.	right of setoff,		e and other charges, as of the time case a secured claim, if any:			
1		Motor Vehicle		3			
	Describe:		Basis for perfection:	•			
	Value of Property: S		Amount of Secured	Chim: \$			
	Annual Interest Rate% D Fixed or D (when case was filed)) Variable	Amount Unsecured	: \$			
5.	Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any the priority and state the amount.	part of the claim					
	☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$\frac{1}{2},475^{\circ}\$ earned within the case was filed or the lease.	180 days before	Contributions to an er plan – 11 U.S.C. § 50				
	Up to \$2,775° of deposits toward business ceased, whichev purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4).		Other - Specify applie of 11 U.S.C. § 507 (a				
	services for personal, family, or household use — 11 U.S.C. § 507 (a)(7). Taxes or penalties owed governmental units — 11 1 507 (a)(8).			s 1, 7 75,00			
	*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter	with respect to co	ises commenced on or a	fier the date of adjustment.			
6.	Credits. The amount of all payments on this claim has been credited for th	ne purpose of maki	ing this proof of claim.	(See instruction #6)			

Modified B10 (GCG) (4/13)

EXHIBIT "19"

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	DF 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 are expense according to 11 U.S.C. § 503.	ses after the bankruptcy filing. You may file a request for payment of an administrative	
Name of Creditor (the person or other entity to whom the Debtor owes money or	☐ Check this box to indicate that this claim amends a previously filed claim.	
property): Janet Lawrence	Court Claim Number:	
Name and address where notices should be sent:	Court Chain Number.	
5914 Chekside Sando Zane	(If known) Safeth City Grays	
North Las Vegas, NV 89031	Filed on:	
100 41 Cas vegas, 10 8 8903)	(MAR 1 3 2015)	
2000		
Telephone number: 702656-8064 Email address: Jumel CI Ah 566 Ply MA: Co.		
Email address: JUMER CINTH 566 ELYMAI Con	ion	
Name and address where payment should be sent (if different from above):	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.	
same as above	FILED - 00071	
	District of Nevada	
Telephone number:	Amert-Dream, LLC	
Email address:		
1. Amount of Claim as of Date Case Filed: S 14 10		
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.		
☐ 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: Rental devosit		
(See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 3a	. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):	
	account as:	
 -	(See instruction #3a) (See instruction #3b)	
4. Secured Claim (See instruction #4)	Amount of arrearage and other charges, as of the time case	
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. was filed, included in secured claim, if any:		
	Motor Vehicle	
☐ Other	Basis for perfection:	
Describe:		
Value of Property: S	Amount of Secured Claim: S	
Annual Interest Rate % D Fixed or D	Jariahla	
Annual Interest Rate% ☐ Fixed or ☐ V (when case was filed)	/ariable Amount Unsecured: \$	
	art of the claim falls into one of the following categories, check the box specifying	
☐ Domestic support obligations under ☐ Wages, salaries, or commis		
11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475*) earned within 180 days before plan = 11 U.S.C. § 507 (a)(5). the case was filed or the Debtor's		
☐ Up to \$2,775* of deposits toward business ceased, whichever purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4).	is earlier - Other - Specify applicable paragraph Amount entitled to priority:	
services for personal, family, or	of 11 U.S.C. § 507 (a)().	
household use – 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U. 507 (a)(8).	S.C. §	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	ith 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		

EXHIBIT "20"

	Į.	141		Ufi
	Ш			NO N

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	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 are expense according to 11 U.S.C. § 503.	ses after the bankruptcy filing. You may file	a request for payment of an administrative				
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Wu Wang	Check this box to indicate that this claim	m amends a previously filed claim.				
Name and address where notices should be sent:	Court Claim Number:					
Wu Wang		(f known)				
PO Box 482		(\$° \				
Los Altos, CA 94022	Filed on:					
		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Telephone number: 650-383-8186						
Email address: wuwang@yahoo.com	Check this how if you are aware that any	some also has filed a proof of claim relating to				
Name and address where payment should be sent (if different from above): .	d address where payment should be sent (if different from above): 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 - 00232					
	District of					
Telephone number: Email address:	Ameri-Dream, LLC					
1. Amount of Claim as of Date Case Filed: \$ 16,989.50		× .				
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.						
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: Deposits and Jan. rents of rental properties						
(See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3a		. Uniform Claim Identifier (optional):				
0 7 5 4	Wu Wang					
0 7 5 4	(See instruction #3a)	(See instruction #3b)				
Secured Claim (See instruction #4)		d other charges, as of the time case				
Check the appropriate box if the claim is secured by a lien on property or a ri attach required reducted documents, and provide the requested information.						
	fotor Vehicle	s				
□ Other						
Describe:						
Value of Property: \$	Amount of Secured Clair	m: S				
	ariable	. 16 000 50				
(when case was filed)	Amount Unsecured:	<u>\$ 16,989.50</u>				
 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. 						
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). 12 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). 13 U.S.C. § 507 (a)(1)(B). 14 U.S.C. § 507 (a)(5).						
the case was filed or the Debtor's						
purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4). of 11 U.S.C. § 507 (a)(_).						
services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to						
governmental units – 11 U.: 507 (a)(8).	5.C. §					
*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)