EXHIBIT "1"

| B10 (Official Form 10) (04/13) | | | | | |
|--|--|--|-------------------|---|------------------------------|
| UNITED STATES BANKR | UPTCY COURT District of No | evada | | PROOF OF C | CLAIM |
| Name of Debtor: AMERI-DREAM REALTY LLC | - | Case Number: 15-10110 | | FILE | D |
| | claim for an administrative expense that arise syment of an administrative expense according | | y filing. | U.S. Bankrupt District of N | |
| Name of Creditor (the person or other entity SCOTT KORKOSZ | y to whom the debtor owes money or property |): | | 2/1/20 Mary A. Scho COURT USE | tt, Clerk |
| Name and address where notices should be SCOTT KORKOSZ | sent. | . | | Check this box if this clair amends a previously filed | m claim. |
| 39 E AGATE AVE #303 LAS VEGAS. NV 89123 | | | | Court Claim Number: | (If known) |
| Telephone number: 702-469-2217 | email: scottkorkosz@yahoo.com | <u> </u> | | | Filed on: |
| Name and address where payment should b | e sent (if different from above): | And the state of t | | Check this box if you are that anyone else has filed of claim relating to this cl Attach copy of statement particulars. | a proof sim. |
| Telephone number: email: | | | | | |
| | d: \$750.00 ete item 4. If all or part of the claim is entitled tterest or other charges in addition to the princi | | | atement that itemizes interest or | charges. |
| 2. Basis for Claim:rent deposit | (See instruction #2) | | | | |
| Last four digits of any number by which creditor identifies debtor; | 3a. Debtor may have scheduled account as: | 3b. Uniform Clair | m Identifier (d | optional): | |
| _ | (See instruction #3a) | (See instruction # | 3Ь) | | |
| 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is setoff, attach required redacted documents Nature of property or right of setoff: Describe: Value of Property: S | , and provide the requested information Real Estate Motor Vehicle | included Other Basis fo | l in secured cla | s | me case was filed, |
| Annual Interest Rate (when case was fil | ed)% Fixed or Variable | Amount | t Unsecured: | S750.00 | |
| 5. Amount of Claim Entitled to Priority and state the amount. | under 11 U.S.C, §507(a), If any part of the | 1 | | | ecifying the priority |
| Domestic support obligations under 1 U.S.C. §507(a)(1)(A) or (a)(1)(B). | Wages, salaries, or commissions (up earned within 180 days before the ca or the debtor's business ceased, whic U.S.C. §507(a)(4). | se 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)(7) |). | | | Other - Specify applicable paragraph of 11 U.S.C. §507(a)(_). | s |
| *Amounts are subject to adjustment on 4/ | 01/16 and every 3 years thereafter with respec | l to cases commenced | l on or after the | date of adjustment. | |
| 6. Credits. The amount of all payments or | this claim has been credited for the purpose o | f making this proof o | f claim. (See in | struction #6) | |

EXHIBIT "2"

| B10 (Official Form 10) (04/13) | | | RECEIVED |
|---|--------------------|---|--|
| United States Bankruptcy Court | | | PROOF OF CLAIM |
| Name of Debtor: | Case Number: | 261 | 5 FEB 9 PM 12 21 |
| AMERI - OFFERM RENITY 11C | 15-101 | o-led | S. GARARO COLORURT |
| 4875 NEVSOUR, LAS VEGAS, NV 89103 | | u. | ARY / . 3 THE THE PLANE |
| NOTE: Do not use this form to make a claim for an administrative expense that arise | | | |
| may file a request for payment of an administrative expense according: Name of Creditor (the person or other entity to whom the debior owes money or prope | | 3. | (?) |
| JUAN & JAYMEE PEIAYO | riy): | | COURT USE ONLY |
| Name and address where notices should be sent: 1136 TENL POINTO | R | | O Check this box if this claim amends a |
| HENDERON, NO 89 | | | previously filed claim. |
| , , , , , | | | Court Claim Number: |
| Telephone number. 5623351133 email: Junn PEING 55@60 | nall-con | | Filed on. |
| Name and address where payment should be sent (if different from above); | | Cit | Check this box if you are aware that anyone else has filed a proof of claim |
| SAME AS ABOVE | The Garde | a city Group | relating to this claim. Attach copy of statement giving particulars. |
| Telephone number: email: | /×** | [8] | vialencings ing particulars. |
| Amount of Claim as of Date Case Filed: S 1500 . DO | - FEE | -9 2015 | |
| | | | F1LED - 00025 District of Nevada |
| If all or part of the claim is secured, complete item 4, | | | Ameri-Dream, LLC |
| It all or part of the claim is entitled to priority, complete item 5 | | | |
| Check this hox if the claim includes interest or other charges in addition to the prine | cipal amount of th | ie claim. Attach a | statement that itemizes interest or charges |
| 2. Basis for Claim: UN FAID SECULITY DEFOS (T (See instruction #2) | | | |
| 3. Last four digits of any number by which creditor identifies debtor: | as: 3b. Unifo | rm Claim Identifi | er (optionali: |
| 8714 (See instruction #3a) | (See insta | ruction #.3h) | |
| 4. Secured Claim (See instruction #4) | | of arrearage and o in secured claim, i | ther charges, as of the time case was filed. |
| Check the appropriate box if the claim is secured by a lien on property or a right of senoft intach required reducted documents, and provide the requested information. | | | s |
| Nature of property or right of setoff: SReal Estate OMotor Vehicle OOther | Rosis for | perfection: | |
| Describe: | 1,1313 101 | per rection: | |
| Value of Property: 5 10, 865 | Amount | of Secured Claim: | 5 |
| Annual Interest Rule % Offised or OVariable (when case was filed) | Amount | Unsecured: | s |
| 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the priority and state the amount. | f the claim falls | into one of the foll | owing entegories, check the hos specifying |
| Domestic support obligations under 11 | p to \$12.475*1 | ☐ Contributio | into to an |
| U.S.C. § 507 (a)(1)(A) or (u)(1)(B). earned within 180 days before the case deboor's husiness ceased, whichever is | was filed or the | employee bene 11 U.S.C. § 50 | efit plan - 17 (a)(5). |
| 11 U.S.C. § 507 (a)(4). | | | Amount entitled to priority: |
| Tup to \$2,775 ° of deposits toward purchase, leuse, or rental of property or services for personal, family, or household use − 11 U.S.C. \$ 507 (a)(7) Taxes or penalties owed to govern 11 U.S.C. \$ 517 (a)(8). | nenial units = | Other - Spi applicable pur 11 U.S.C. § St | agraph of |
| *Amounts are subject to adjustment on 4/01116 and every 3 years thereafter with resp | ect to cares comp | menced on or ofter | the date of adjustment. |
| 6. Credits. The amount of all payments on this claim has been credited for the purpo | ose of making this | s proof of claim (S | ee instruction #h) |

EXHIBIT "3"

| B10 (Official Form 10) (04/13) | | | | |
|--|--|--------------------------------|---|---------------------------------------|
| UNITED STATES BANKE | UPTCY COURT District of Ne | vada | PROOF OF | CLAIM |
| Name of Debtor. AMERI-DREAM REALTY LLC | | Case Number: 15-10110 | FILE | D |
| | a claim for an administrative expense that arises syment of an administrative expense according t | | U.S. Bankrupi District of N | |
| Name of Creditor (the person or other entity LIYUE YANG | y to whom the debtor owes money or property): | | 2/10/29 Mary A. Scho COURT USE | ott, Clerk |
| Name and address where notices should be LIYUE YANG | sent: | | Check this box if this clai amends a previously filed | |
| 712 W HELLMAN AVE MONTEREY PARK, CA 91754 | | | Court Claim Number: | (If known) |
| Telephone number, 4088267177 | email: dongyang7793@hotmail.com | l l | | Filed on: |
| Name and address where payment should b | e sent (if different from above): | | Check this box if you are that anyone else has filed of claim relating to this cl Attach copy of statement particulars. | a proof laim. |
| Telephone number: email: | | | | |
| Check this box if the claim includes in | ete item 4. If all or part of the claim is entitled to sterest or other charges in addition to the princip | | ch a statement that itemizes interest o | r charges. |
| 2. Basis for Claim: tenant desposit | (See instruction #2) | · | | |
| Last four digits of any number by which creditor identifies debtor: | 3a. Debtor may have scheduled account as: | 3b, Uniform Claim Identi | ifier (optional): | |
| | (See instruction #3a) | (See instruction #3b) | | |
| Secured Claim (See instruction #4) Check the appropriate box if the claim is setoff, attach required reducted documents Nature of property or right of setoff: | , and provide the requested information. | included in secu | rage and other charges, as of the ti red claim, if any: S | me case was fited, |
| Describe: | | Basis for perfec | tion: | |
| Value of Property: \$ Annual Interest Rate (when case was fil | led)% | Amount of Secu | red Claim: S | |
| | | Amount Unsecu | red: S 5297.00 | · · · · · · · · · · · · · · · · · · · |
| Amount of Claim Entitled to Priority and state the amount. | under 11 U.S.C. §507(a). If any part of the c | laim falls into one of the fol | lowing categories, check the box sp | ecifying the priority |
| Domestic support obligations under U. U. S.C. §507(a)(1)(A) or (a)(1)(B). | Wages, salaries, or commissions (up t earned within 180 days before the cas or the debtor's business ceased, which U.S.C. §507(a)(4). | e 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)(7 | * ``` | ntal units - 11 U.S.C. [| Other - Specify applicable paragraph of 11 U.S.C. §507(a)(_). | s |
| *Amounts are subject to adjustment on 4/ | 01/16 and every 3 years thereafter with respect | to cases commenced on or aj | ter the date of adjustment. | |
| 6. Credits. The amount of all payments or | this claim has been credited for the purpose of | making this proof of claim. | See instruction #6) | |

EXHIBIT "4"

| Name of Debut: NOTE: De not use this form to make a claim for an administrative expense that arises after the benkmipute filing. Name of Credute (the person or other entity to whom the debtor owes money or property): Name and address where notices should be sent: TZUMAN PAN Name and address where notices should be sent: TZUMAN PAN Name and address where notices should be sent: TZUMAN PAN Name and address where payment should be sent (if different from above): PILED - 00027 District of Nevada Ameri-Dream, LLC Telephone number: 626-5921197 mail: Ceciliscpa@bol com FILED - 00027 District of Nevada Ameri-Dream, LLC Telephone number: email: 1. Amount of Claim so District of Nevada Ameri-Dream, LLC Telephone number: email: 2. Basis for Claim: secured, complete item 4. if all or part of the claim is secured; complete item 4. if all or part of the claim is secured. complete item 4. if all or part of the claim is secured. complete interval in a secured complete item 4. if all or part of the claim is secured. complete item 4. if all or part of the claim is secured. complete item 4. if all or part of the claim is secured. complete item 4. if all or part of the claim is secured complete item 4. if all or part of the claim is secured. complete item 4. if all or part of the claim is secured complete item 4. if all or part of the claim is secured complete item 4. if all or part of the claim is secured complete item 4. if all or part of the claim is secured complete item 4. if all or part of the claim is secured complete item 4. if all or part of the claim is secured complete item 4. if all or part of the claim is complete item 5. Check the approprise box if the claim is secured by a lien on property or right of sectific information. Nature of property or right of sectific information is 30 days before the case was filed. U.S.C. \$507(A)(A) or | UNITED STATES BANKRI | UPTCY COURT District of N | evada | PROOF OF CLAI | М |
|---|---|---|---------------------------------|--|------------------|
| NOTE: Do not use this form to make a claim for an administrative expense that arises after the benderality from the following categories. School: Claim Scho | | | | FILED | |
| Amount of Claim (See instruction #3) See instruction #3) See instruction #3) Amount of Property or right of sector (the appropriate box if the claim is secured by a lien on property or a right of sector (f. Read expressive for the appropriate box if the claim is secured by a lien on property or a right of sector (f. Read expressive for the appropriate box if the claim is secured by a lien on property or a right of sector (f. Read expressive for property; S. Amount of Claim (see instruction #4) See (see instruction #3) | NOTE: Do not use this form to make a | claim for an administrative expense that arisy yment of an administrative expense according | es after the bankruptcy filing. | U.S. Bankruptcy C | |
| TZUMAN PAN T12 W HELLMAN AVE MONTEREY PARK, CA 91754 Telephone number: 626-5921197 email: Ceciliacpa@sol.com Name and address where payment should be sent (if different from above): FILED - 00027 District of Newadia Ameri-Dream, LLC Telephone number: email: I. Amount of Claim as of Date Case Filed: - 5 | | to whom the debtor owes money or property |): | Mary A. Schott, Cl | erk |
| MONTEREY PARK, CA 91754 Telephone number: 626-5921197 email: Ceciliscpa@aol.com Name and address where payment should be sent (if different from above): Filed on: | | sent: | | | |
| Name and address where payment should be sent (if different from above): FILED - 00027 District of Nevada Ameri-Dram, LLC | | | | Court Claim Number: | |
| FILED - 00027 District of Nevadia Ameri-Dream, LLC Telephone number: email; 1. Amount of Claim as of Date Case Filed: - \$2090.00 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. 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:innanti decosts and fees (See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: (See instruction #3a) 4. Secured Claim (See instruction #4) 5. Amount of arrearage and other charges, as of the time case was filed, included in secured claim. If any: Secured Claim (See instruction #3b) 4. Secured Claim (See instruction #4) 5. Amount of Secured Claim: S Amount of Secured Claim: S Amount of Secured Claim: S Amount Unsecured: 5 | Telephone number: 626-5921197 | email: Ceciliacpa@aol.com | i | | Filed on: |
| District of Nevada Ameri-Dream, LLC | Name and address where payment should b | | | that anyone else has filed a proc of claim relating to this claim. Attach copy of statement giving | of |
| Amount of Claim as of Date Case Filed: - \$ | | | FEB I O ZUIS | particulars. | |
| 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. Basis for Claim: | | | \ | / | |
| 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. 3a. Debtor may have scheduled account by which creditor identifies debtor: (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: Annual Interest Rate (when case was filted) S. 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)(4). U.S.C. §507(a)(1)(A) or (a)(1)(B). Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or services for personal, fam | Telephone number: email; | | | | |
| by which creditor identifies debtor: See instruction #3a) (See instruction #3b) | Check this box if the claim includes in | terest or other charges in addition to the princ | to priority, complete item 5. | ch a statement that itemizes interest or charge | ęes |
| (See instruction #3a) 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: Peal Estate Motor Vehicle Describe: Value of Property: S Annual Interest Rate (when case was filed) % Fixed or Variable S. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one and state the amount. Domestic support obligations under 11 Wages, salaries, or commissions (up to \$12,475*) Contributions to an employee benefit plan - 11 U.S.C. §507(a)(1)(A) or (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). Amount of secured Claim: S Amount Unsecured: \$ | by which creditor identifies | | 3b. Uniform Claim Ident | fler (optional): | |
| 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: Real Estate Motor Vehicle Describe: Value of Property: S | | (See instruction #3a) | (See instruction #3b) | | |
| S. 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 Wages, salaries, or commissions (up to \$12,475*) Contributions to an employee benefit plan - or the debtor's business ceased, whichever is earlier - 1 U.S.C. §507(a)(5). Up to \$2,775* of deposits toward Taxes or penalties owed to governmental units - 11 U.S.C. Other - Specify applicable paragraph of 11 U.S.C. §507(a)(7). | Check the appropriate box if the claim is set off, attach required redacted documents. Nature of property or right of set off: Describe: Value of Property: S | and provide the requested information. Real Estate Motor Vehicle | Other Basis for perfec | red claim, if any: S tion: red Claim: S | se was filed, |
| and state the amount. Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). 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 - 1 U.S.C. §507(a)(5). 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). Amount entitled to priority: Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). S | 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 fo | | ng the priority |
| purchase, lease, or rental of property or \$507(a)(8). services for personal, family, or 11 U.S.C. \$507(a)(7). | and state the amount. Domestic support obligations under I | Wages, salaries, or commissions (up earned within 180 days before the ca or the debtor's business ceased, whice | to \$12,475*) ise was filed | Contributions to an Ame employee benefit plan - prio | ount entitled to |
| *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. | purchase, lease, or rental of property services for personal, family, or | 5507(a)(8). | ental units - 11 U.S.C. | applicable paragraph of | |
| | *Amounts are subject to adjustment on 4/6 | 11/16 and every 3 years thereafter with respec | t to cases commenced on or a | ter the date of adjustment. | |

EXHIBIT "5"

| , | | |
|---|--|---------------------------|
| 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 ar expense according 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): Tingsen Realty LLC | Check this box to indicate that this claim amends a previously | filed claim. |
| Name and address where notices should be sent: | Court Claim Number: | |
| 5824 Cousins pl. | (If known) aider | City Group |
| Pancho Cucamonga CA 91737 | Filed on: | 1 2 2015 |
| Telephone number: (909) - 489 - 8 * * ° | | |
| Email address: Pektang 57@ yohoo.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 p | roof of claim relating to |
| Name and address where payment should be sent (if different from above): | this claim. Attach copy of statement giving particulars. | • |
| | F11,ED - 00068 | |
| | District of Nevada Ameri-Dream, LLC | |
| Telephone number: Email address: | | |
| 1. Amount of Claim as of Date Case Filed: \$ 2350.000 | | |
| 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 reference amount of the claim. Attack a statement that itemize | s interest or charges |
| | | Mirtgace |
| 2. Basis for Claim: Security Deposit, Cleaning Depart (See instruction #2) | it Key Deposit, Referral Commission & | Fees For |
| 3. Last four digits of any number by which creditor identifies debtor: | a. Debtor may have scheduled account as: 3b. Uniform Claim Id | entifier (optional): |
| | (See instruction #3a) (See instru | ection #3b) |
| Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a ratach required reducted documents, and provide the requested information. | Amount of arrearage and other charges, as o | |
| | Motor Vehicle | |
| Q Other | Basis for perfection: | - |
| Describe: | | |
| Value of Property: S | Amount of Secured Claim: S | |
| Annual Interest Rate% ☐ Fixed or ☐ (when case was filed) | Variable . Amount Unsecured: \$ | |
| Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any p 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). Up to \$2,775* of deposits toward purchase, lease, or rental of property or Up to \$2,775* of deposits toward purchase, lease, or rental of property or | 80 days before plan = 11 U.S.C. § 507 (a)(5). ebtor's r is earlier = U Other = Specify applicable paragraph of 11 U.S.C. § 507 (a)(). | unt entitled to priority: |
| 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). | · | 2350.00 |
| *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter v | with respect to cases commenced on or after the date of adjustment. | |
| 6 Credite The amount of all newments on this claim has been credited for the | numose of making this proof of claim (See instruction #6) | |

Modified B10 (GCG) (4/13)

EXHIBIT "6"

| B10 (Official Form 10) (04/13) | | | | |
|--|---|---|---|----------|
| UNITED STATES BANKR | UPTCY COURT District of No | evada | PROOF OF CLAIM | |
| Name of Debtor, AMERI-DREAM REALTY LLC | FILED | | | |
| | a claim for an administrative expense that arise syment of an administrative expense according | | U.S. Bankruptcy Court District of Nevada | |
| Name of Creditor (the person or other entit Dominic Li | y to whom the debtor owes money or property) |): | 3/21/2015 Mary A. Schott, Clerk *COURT USE ONLY | |
| Name and address where notices should be Dominic Li 12917 Greystone ave N hugo, MN 55038 | sent: | | Check this box if this claim amends a previously filed claim. | f known) |
| Telephone number: 6127012389 | email: dominic.h.li@hotmail.com | | Filed | on: |
| Name and address where payment should b | 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. | _ | | |
| Telephone number: email: | | | | |
| | d: \$ 1730.00 ete item 4. If all or part of the claim is entitled atterest or other charges in addition to the princi | | a statement that itemizes interest or charges. | |
| 2. Basis for Claim: _security deposit held | by Debtor (See instruction #2) | | | |
| Last four digits of any number by which creditor identifies debtor: 8599 | 3a. Debtor may have scheduled account as: | 3b. Uniform Claim Identifi (See instruction #3b) | er (optional): | |
| | (See instruction #3a) | | | |
| 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: Value of Property: \$ | Real Estate Motor Vehicle . | included in secure Other Basis for perfecti Amount of Secur | s on: | led, |
| f to a set of Chair Festivates Belowie | - I I I I C C C C C C C C C C C C C C C | Amount Unsecur | | |
| 5. Amount of Claim Entitled to Priority and state the amount. Domestic support obligations under U.S.C. §507(a)(1)(A) or (a)(1)(B). | | to \$12,475*) | wing categories, check the box specifying the pr Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). | |
| 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). | | | | |
| *Amounts are subject to adjustment on 4. | 101/16 and every 3 years thereafter with respec | t to cases commenced on or afte | r the date of adjustment. | |
| 6. Credits. The amount of all payments of | n this claim has been credited for the purpose of | of making this proof of claim (S | ee instruction #6) | |

EXHIBIT "7"

| B10 (Official Form 10) (04/13) | | <u></u> | | |
|---|--|--|---|------------------------------|
| UNITED STATES BANKR | UPTCY COURT District of Ne | vada | PROOF OF C | LAIM |
| Name of Debtor: AMERI-DREAM REALTY LLC | FILE | D | | |
| | a claim for an administrative expense that arise; syment of an administrative expense according t | | U.S. Bankrupto District of No | y Court evada |
| Name of Creditor (the person or other entit Dominic Li | y to whom the debtor owes money or property): | | - 3/22/20 Mary A. Schot COURT USE | t, Clerk |
| Name and address where notices should be Dominic Li 12917 Greystone ave N hugo, MN 55038 | sent: | | Check this box if this claim amends a previously filed of Court Claim Number: | claim. (If known) |
| Telephone number: 6127012389 | email: dominic.h.li@hotmail.com | | _ | Filed on: |
| Name and address where payment should b | Check this box if you are a that anyone else has filed a of claim relating to this cla Attach copy of statement a particulars. | n proof tim. | | |
| Telephone number: email: | <u> </u> | | | |
| | d: \$ 1730,00 ete item 4. If all or part of the claim is entitled to sterest or other charges in addition to the princip | | statement that itemizes interest or | charges. |
| Basis for Claim: _security deposit help | | i i i i i i i i i i i i i i i i i i i | Statement with the transfer and test of | CHAIR CO. |
| Last four digits of any number by which creditor identifies debtor: 8599 | 3a. Debtor may have scheduled account as: | 3b. Uniform Claim Identified (See instruction #3b) | r (optional): | |
| | (See instruction #3a) | | | |
| 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is setoff, attach required redacted documents Nature of property or right of setoff: Describe: Value of Property: S Annual Interest Rate (when case was fi | Real Estate Motor Vehicle | Amount of arrearaginelided in secured Dither Busis for perfection Amount of Secured | S | ne case was filed, |
| | under 11 U.S.C. §507(a). If any part of the c | laim falls into one of the follow | ring categories, check the box spe | cifying 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 (up earned within 180 days before the casor the debtor's business ceased, which U.S.C. §507(a)(4). | se 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 or services for personal, family, or household use - 11 U.S.C. §507(a)(7). | | | | |
| *Amounts are subject to adjustment on 4 | 101/16 and every 3 years thereafter with respect | to cases commenced on or after | the date of adjustment. | |
| 6. Credits. The amount of all payments o | n this claim has been credited for the purpose of | f making this proof of claim. (See | e instruction #6) | |

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 are expense according 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 Debter owns money or property) VIKTORIA ARIZBELL PINE TERAN Name and address where notices should be seen: VIKTORIA ARIZBELL PINE TERAN | Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If bows a) | | | | | |
| 4909 Cinnamon Spice Ct. N. LAS VegAS, NV 89031 | Filed on . | | | | | |
| Telephone number: 702 - 815 - 4712 Email address: VIK+0/12 pine & g/1/2/2007 Name and address where payment should be sent (if different from above) | | | | | | |
| 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 group particulars. | | | | | |
| Same | | | | | | |
| Telephone sumber: Email address | | | | | | |
| Azount of Claim as of Date Case Filed: 5 440 | | | | | | |
| 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 | | | | | | |
| , | o the principal amount of the claim. Attach a statement that itemizes interest or charges | | | | | |
| 2 Basis for Claim: WAGES - SALARY (See instruction #2) | | | | | | |
| | s. Debtor may have scheduled 3b. Uniform Claim Identifier (optional): | | | | | |
| 1087 | | | | | | |
| | (See instruction #3a) (See instruction #3b) | | | | | |
| Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a restach required reducted documents, and provide the requested information. | Amount of arrearage and other charges, as of the time case ight of actoff, was filed, included in secured claim, if any: S | | | | | |
| | Motor Vehicle | | | | | |
| Describe: | Ranks for perfection: | | | | | |
| Value of Property: 5 | Amount of Secured Claim: \$ | | | | | |
| Annual Interest Rate | Variable 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 entegories, check the box specifying | | | | | |
| □ Domestic support obligations under 11 U.S.C. § 507 (a\X1)(A) or (a\X1)(B). □ Up to \$2,775* of deposits toward purchase, lease, or cental of property or aervices for personal, family, or household use = 11 U.S.C. § 507 (a\X7). □ Taxes or penalties owed to governmental units = 11 U. 507 (a\X3). | 80 days before plan - 11 U S C. § 507 (s)(5) echtor's ar as earlier - O Other - Specify applicable paragraph of 11 U S C. § 507 (s)(2) S C § | | | | | |
| *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter v | | | | | | |
| Credits. The amount of all psyments on this claim has been credited for the | purpose of making this proof of claim. (See instruction #6) Modified B10 (GCG) (4/13) | | | | | |

EXHIBIT "9"

| HIM | Ш | Ш | | Ш | Ш | HII | 1 | П | l |
|-----|---|---|---|---|---|-----|---|---|---|
| Ш | | Ш | Ш | Ш | Ш | Ш | ı | Ш | l |

| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT O | 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 ari expense according 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): Jung - Tsung Liu | ☐ Check this box to indicate that this claim amends a previously filed claim. | | | | |
| Name and address where notices should be sent: | Court Claim Number: | | | | |
| Jung-Tsung Liu 1051 Boise Dr. Campbell, (A 95008 Telephone number: 408-688-3088 Email address-jung liu-Gychov-com | (If known) Sun to a stay (E) | | | | |
| 1057 Boise Dr. | Filed on: (APR - 7 2015 | | | | |
| Campbell, (A 75000 | | | | | |
| Telephone number: 408-668-3000 | | | | | |
| 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. | | | | |
| | F(LED - 00127 | | | | |
| | District of Nevada | | | | |
| Telephone number: Email address: | Ameri-Dream, LLC | | | | |
| 1. Amount of Claim as of Date Case Filed: \$ 70 | _2,870.02 | | | | |
| 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: / month rent t / mon (See instruction #2) | th secrited Deposit | | | | |
| 3. Last four digits of any number by which creditor identifies debtor: 3a | Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as: | | | | |
| 6613 | | | | | |
| | (See instruction #3a) (See instruction #3b) | | | | |
| Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a rigattach required redacted documents, and provide the requested information. | | | | | |
| Nature of property or right of setoff: | fotor Vehicle | | | | |
| Describe: | Basis for perfection: | | | | |
| Value of Property: S | Amount of Secured Claim: \$ | | | | |
| Annual Interest Rate | /ariable Amount Unsecured: \$ | | | | |
| Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any pathe 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). Wages, salaries, or commiss \$12,475*) earned within 18 the case was filed or the Del | 0 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.S. 507 (a)(8). | s.c. § | | | | |
| *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter wi | th 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 "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 ar expense according 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): Thomas + Flora Smith Name and address where notices should be sent: | Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: | | | | | |
| 10829 Dobbs Ave | (If known) Light City Group, LL | | | | | |
| LAS VegAS, NevAdA 89166 | Filed on: APR - 9 2015 | | | | | |
| Telephone number: 702-655-0952 Email address driftintom@YAhoo.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. | | | | | |
| Same As Above | FILED - 00133 District of Nevada | | | | | |
| Telephone number: Email address: | Ameri-Dream, LLC | | | | | |
| 1. Amount of Claim as of Date Case Filed: S 1, 3 9 5.00 | | | | | | |
| 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. | | | | | | |
| Check this box if the claim includes interest or other charges in addition t | o the principal amount of the claim. Attach a statement that itemizes interest or charges. | | | | | |
| 2. Basis for Claim: | | | | | | |
| (See instruction #2) | | | | | | |
| 3. Last four digits of any number by which creditor identifies debtor: | a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional): | | | | | |
| | (See instruction #3a) (See instruction #3b) | | | | | |
| Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a rattach 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: | | | | | |
| ☐ Other | Motor Vehicle Basis for perfection: | | | | | |
| Value of Property: \$ | Amount of Secured Claim: S | | | | | |
| Annual Interest Rate% | Variable Amount Unsecured: \$ | | | | | |
| 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 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). S12,475*) earned within 1 the case was filed or the D | 80 days before plan – 11 U.S.C. § 507 (a)(5). | | | | | |
| 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 507 (a)(8). | of 11 U.S.C. § 507 (a)(_). | | | | | |
| *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter | | | | | | |
| 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) | | | | | |