EXHIBIT "11"



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 are expense according to 11 U.S.C. § 503.	ises after the bankruptcy filling. 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): Tzumav PAN Name and address where notices should be sent;	Check this box to indicate that this claim amends a previously filed claim. Court Claim Number:
TZUMAN PAN 912 W HELLMAN RYE MONTEREY PARK, CA 91754	Filed on: (SAPR 5 / 5012
Telephone number: 626-592 1197 Email address: CESILIACPA C AOL.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 - 00194
Telephone number;	District of Nevada Ameri-Dream, LLC
Email address: 1. Amount of Claim as of Date Case Filed: S 2, 9 6 0	
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.	
C) Check this how of the claim includes income an attendance in addition to	
Craces, this box it the chairs includes interest of other charges in addition to	o the principal amount of the claim. Attach a statement that itemizes interest or charges.
2. Basis for Claim: MY TEN ANTS DEPOSITS (See instruction N2)	
2. Basis for Claim: MY TEN ANTS DEPOSITS (See instruction #2)	
2. Basis for Claim: MY TEN ANTS DEPOSITS (See instruction N2)	AND STHER FEES n. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
2. Basis for Claim: MY TEN ANTS DEPOSITS (See instruction N2)	AND OTHER FEES a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage and other charges, as of the time case
2. Basis for Claim: MY TENANTS DEPOSITS (See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3d 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or an attach required reducted documents, and provide the requested information. Nature of property or right of setoff:	AND OTHER FEES a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage and other charges, as of the time case
2. Basis for Claim: MY TEN ANTS DEPOSITS (See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3a 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or an attach required redacted documents, and provide the requested information. Nature of property or right of setoff:	AND OTHER FEES a. 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
2. Basis for Claim: MY TENANTS DEPOSITS (See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3: 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or an attach required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate Other Describe: Other	AND 6THER FEES a. 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:
2. Basis for Claim: MY TENANTS DEPOSITS (See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3: 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or an attach required redacted documents, and provide the requested information. Nature of property or right of setoff:	AND OTHER FEES a. 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:
2. Basis for Claim: MY TENANTS DEPOSITS (See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3: 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a hen on property or an attach required redacted documents, and provide the requested information. Nature of property or right of setoff:	AND 6THER FEES a. 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: Amount of Secured Claim: Amount Unsecured: S Variable Amount Unsecured: S S Variable Amount Unsecured: S Amount of the claim falls into one of the following categories, check the box specifying saions (up to contributions to an employee benefit 80 days before plan - 11 U.S.C. § 507 (a)(5).
2. Basis for Claim: MY TENANTS DEPOSITS (See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3: 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a ratach required redacted documents, and provide the requested information. Nature of property or right of setoff:	AND OTHER FEES a. 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: Basis for perfection: Amount of Secured Claim: Amount Unsecured: Secured Claim: Amount Unsecured: Secured Claim: Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). The security of the claim of the plan - 12 U.S.C. § 507 (a)(1). Amount entitled to priority: Secured Claim: Amount of Secured Claim: Secured Claim: Amount of the claim falls into one of the following categories, check the box specifying security in the claim falls into one of the following categories and the claim falls into one of the following categories and the claim falls into one of the following categories are in the claim falls into one of the following categories and the claim falls into one of the following categories are in the claim falls into one of the following categories are in the claim falls into one of the following categories are in the claim falls into one of the following categories are in the claim falls into one of the following categories are in the claim falls into one of the following categories are into the claim falls into one of the following categories are into the claim falls into one of the following categories are into the claim falls into one of the following categories are into the claim falls into one of the following categories are into the claim falls into one of the following categories are into the claim falls into one of the following categories are into the claim falls into one of the following categories are into the claim falls into one of the claim falls into one of the claim falls into one of the claim fall fall fall fall fall fall fall fal
2. Basis for Claim: MY TEN ANTS DEPOSITS (See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3d 4. 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. Nature of property or right of setoff: Real Estate Other Describe: Value of Property: S Annual Interest Rate	AND STHER FEES a. 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: Basis for perfection: Amount of Secured Claim: Amount Unsecured: Secured Claim: Amount Unsecured: Secured Claim: Amount Unsecured: Secured Claim: Secured Claim: Amount Unsecured: Secured Claim: Amount Unsecured: Secured Claim: Secured Claim: Amount entitled to priority: Secured Claim: Secur

EXHIBIT "12"

and the second second	
UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA PROOF OF CUAIM
Case No. 15-10110-LE	D.
NOTE: Do not use this form to make a claim for an administrative expense that a 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):	Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:	Court Claim Number:
. Yichao Huang	(If known) (Sent
3930 Equinox Ct Las Vegan NV	Filed on: (S MAY - 4 2015)
01197	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Telephone number: 702-331-2883 /702-505-3993 Email address: Chan_maddog@yahoo.com	1.1.1. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Name and address where improve the dath U is significant.	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.
Yichao Huany 8036 Villa Trovas Ct Log Vegas NV	. 4
Télephone number: ethan moddogo yahoo. Com	702-505-3993
il. Amount of Claim as of Date Case Filed: S CA	-//
If all or part of the claim is secured, complete item 4. 4 6, 8	FILED - 00289 District of Nevada
If all or part of the claim is entitled to priority; complete item 5.	Ameri-Dream, LLC
Check this box if the claim includes interest or other charges in addition to	o the principal amount of the claim. Attach a statement that itemizes interest or charges.
2. Basis for Claim: Defosit Owed (See instruction #2)	by Ameri-Dream Realty LLC.
3. Last four digits of any number by which creditor identifies debtor: 3	n. 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 matter required reducted documents, and provide the requested information.	Amount of arrearage and other charges, as of the time case ight of setoff, was filed, included in secured claim, if any:
	Motor Vehicle
Describe: Rental Property Security	Defosy t Basis for perfection:
Value of Property: S'	Amount of Secured Claim; S
(when case was filed)	Variable Amount Unsecured: 5
 Amount of Claim Entitled to Priority under 17 U.S.C. § 507 (a). If any p the priority and state the amount. 	art of the claim falls into one of the following entegories, check the box specifying
D Domiestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). 312,475°) 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 services for personal family, or expected to the property of the prop	is earlier - Other - Specify applicable paragraph 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.C. § 507 (a)(8).	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	
6. Credits. The amount of all povements on this claim has been credited for the	
i and a last to	Modified B10 (GCG) (4/13)

EXHIBIT "13"

NITED STATES BANKRUPTCY COURT FOR THE DISTRIC	CT OF NEVADA PROOF OF CLAIM
A TOTAL CONTRACTOR OF THE STATE	
lame of Debtor. Ameri-Dream Realty, LLC Case No. 15-10110-1	LED.
<u>《高麗·姓氏》於《西斯拉斯》。 "是中国的一种"巴斯拉斯</u>	Martin Committee Committee Committee
IOTE: Do not use this form to make a claim for an administrative expense that expense according to 11 U.S.C. § 503.	of arises after the bankruptcy filing. You may file a request for payment of an administrative
lame of Creditor (the person or other entity to whom the Debtor owes money roperty):	or O Check this box to indicate that this claim amends a previously filed claim. Court Claim Number:
name and address where notices should be sent: X(A WO() Ca()	Court Claim Number:
440 N McClarget Unit 710	Filed on:
Chicago, IL 60611	
elephone number: 847-660-4009 mail eddress: Liang 1288@gmail.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 t
	this dalm. Attach copy of statement giving particulars.
	FILED - 00290
	District of Nevada
elephone number:	Ameri-Dream, LLC
mail address: Amount of Claim as of Date Case Filed: S 8 0-0	
Amount of Claim as of Date Case Filed: 5	
If all or part of the claim is secured, complete item 4.	
高 しんこうがいごうびょうしょ 株式 ひこうげいきんしょ カーコー	Control for the first are the first to the first terms of the first te
1. Leading to the control of the	
If all or part of the claim is entitled to priority, complete item 5.	
	on to the principal amount of the claim. Attach a statement that itemizes interest or charges.
	on to the principal amount of the claim. Attach a statement that itemizes interest or charges.
Check this box if the claim includes interest or other charges in addition. Basis for Claim: Semy Deposit (See instruction #2)	
Basis for Claim: Semy Deposit	3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
Besis for Claim: Semy Deposit	
Besis for Claim: Semy Deposit	3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
Check this box if the claim includes interest or other charges in addition. Basis for Claim: Service Deposition (See instruction #2) Last four digits of any number by which creditor identifies debtor: 6 9 1 3 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or	3a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage and other charges, as of the time case or a right of setoff, was filed, included in secured claim, if any:
Check this box if the claim includes interest or other charges in addition. Basis for Claim: Search Deposit (See instruction #2) Last four digits of any number by which creditor identifies debtor: 6 9 1 3 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or attach required reducted documents, and provide the requested information.	3a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage and other charges, as of the time case or a right of setoff, was filed, included in secured claim, if any:
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Besis for Claim: Security Depositions in additional Community of the Claim includes interest or other charges in additional Claim (See instruction #2) Last four digits of any number by which creditor identifies debtor: 6 9 1 3 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property on attach required reducted documents, and provide the requested informations.	3a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage and other charges, as of the time case or a right of setoff, was filed, included in secured claim, if any: S
Check this box if the claim includes interest or other charges in additional	3a. Debtor may have scheduled account as: (See instruction #3a) (See instruction #3b) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: O Motor Vehicle Basis for perfection:
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Check this box if the claim includes interest or other charges in additional desired by the claim includes interest or other charges in additional desired by a lie of the claim is secured by a lie of property of attach required reducted documents, and provide the requested informational desired by a lie of property or attach required reducted documents, and provide the requested informational desired by a lie of property or right of setoff: Describe: Value of Property: 5	3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as: (See instruction #3a) (See instruction #3b) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: D Motor Vehicle Basis for perfection:
Check this box if the claim includes interest or other charges in additional desired by the claim includes interest or other charges in additional desired by a lie of the claim is secured by a lie of property of attach required reducted documents, and provide the requested informational desired by a lie of property or right of set off: Describe: Value of Property: \$ Annual Interest Rate: Fixed or	3a. Debtor may have scheduled account as: (See instruction #3a) (See instruction #3b). Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: Motor Vehicle Basis for perfection: Amount of Secured Claim: S
Check this box if the claim includes interest or other charges in addition. Basis for Claim: Security Deposit (See instruction #2) Last four digits of any number by which creditor identifies debtor: 6 9 13 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or attach required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate Other Describe: Value of Property: S. Annual Interest Rate	3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as: (See instruction #3b) (See instruction #3b) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: S D Motor Vehicle Basis for perfection: S D Variable Amount of Secured Claim; S D Variable Amount Unisecured; S D Variable Amount Unisecured; S D Variable Amount Unisecured; S D Variable S D Variable Amount Unisecured; S D Variable S D Variable S D Variable Amount Unisecured; S D Variable D Variable S D Variable D Variabl
Check this box if the claim includes interest or other charges in addition. Basis for Claim: Security Deposit (See instruction #2) Last four digits of any number by which creditor identifies debtor: 6 9 13 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or attach required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate Other Describe: Value of Property: S. Annual Interest Rate	3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as: (See instruction #3a) (See instruction #3b) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: Motor Vehicle Basis for perfection: Amount of Secured Claim: S
Check this box if the claim includes interest or other charges in addition Bests for Claim: Secured Claim Secured Deposition 12	3a. Debtor may have scheduled account as: (See instruction #3a) (See instruction #3b) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: D Motor Vehicle Basis for perfection: Amount of Secured Claim: S Variable Amount Unsecured: S ny part of the claim falls into one of the following categories, check the box specifying manistions (up to Contributions to an employee benefit
Check this box if the claim includes interest or other charges in addition. Basis for Claim: Security Doposti. Basis for Claim: Security Doposti. (See instruction #2) Last four digits of any number by which creditor identifies debtor: Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or attach required redacted documents, and provide the requested information. Nature of property or right of setoff: Real Estate Other Describe: Value of Property: \$ Anound Interest Rate 6 (when case was filed) Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If an the priority and state the amount. Domestic support obligations under CM Wages, salaries, or constitution of the case was filed or the case was filed.	3a. 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: (Motor Vehicle Basis for perfection: Amount of Secured Claim: S Veriable Amount Unsecured: S To Veriable Amount Unsecured: Amount of Secured Claim: Amount of Secured Claim: Amount of Secured Claim: Amount Unsecured: Amount Unsecured: Amount of Secured Claim: Amount Unsecured: Amount Of Secured Claim: Amount Of Secured Claim: Amount Of Secured Claim: Amount Of Secured Claim: Amount Unsecured: Amount Of Secured Claim: Am
Check this box if the claim includes interest or other charges in addition. Basis for Claim: Security Deposition (See instruction #2) Last four digits of any number by which creditor identifies debtor: 6 9 3 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or attach required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate Other Describe: Value of Property: S Annual Interest Rate: W Fixed or (when case was filed) Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If an the priority and state the amount. Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). S12,475*) carned with the case was filed or the business ceased, which	3a. Debtor may have scheduled account as: (See instruction #3a) (See instruction #3b) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: Motor Vehicle Basis for perfection: Amount Unsecured: S Variable Amount Unsecured: S Variable Amount Unsecured: Amount Unsecured: S Amount Unsecured:
Check this box if the claim includes interest or other charges in addition to the charges of addition to the charges of a control of the charges of the claim is secured by a lien on property or attach 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) Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If an the priority and state the amount. Domestic support obligations under: 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Charges of personal, family, or boursels for personal, family, or case of the case was filed or the business ceased, which is case or penalties owe	3a. 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: Motor Vehicle Basis for perfection: Amount of Secured Claim: S Variable Amount Unsecured: S Typ part of the claim falls into one of the following categories, check the box specifying manistions (up to Contributions to an employee benefit in 180 days before plan - 11 U.S.C. § 507 (a)(5). Amount entitled to priority of 11 U.S.C. § 507 (a)(1).
Check this box if the claim includes interest or other charges in addition Basis for Claim: Basis for Claim: (See instruction #2) Last four digits of any number by which creditor identifies debtor: 6 9 1 3 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or attach 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) Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If an the priority and state the amount. Domestic support obligations under 11 U.S.C. § 507 (a). If an the priority and state the amount. Up to \$1,775° of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).	3a. 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: Motor Vehicle Basis for perfection: Amount of Secured Claim: S Variable Amount Unsecured: S Typ part of the claim falls into one of the following categories, check the box specifying manistions (up to Contributions to an employee benefit in 180 days before plan - 11 U.S.C. § 507 (a)(5). Amount entitled to priority of 11 U.S.C. § 507 (a)(1).
Besis for Claim: Check this box if the claim includes interest or other charges in addition	3a. 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: D Motor Vehicle Basis for perfection: Amount Unsecured: S Variable Amount Unsecured: S Variable Amount Unsecured: S To perfection: Amount Unsecured: Amount Etalim falls into one of the following categories, check the box specifying manistions (up to Contributions to an employee benefit ain 180 days before plan—11 U.S.C. § 507 (a)(5). Amount entitled to prioried to Contributions to an employee benefit ain 180 days before plan—11 U.S.C. § 507 (a)(5). Amount entitled to prioried to Contributions to an employee benefit ain 180 days before plan—11 U.S.C. § 507 (a)(5). Amount entitled to prioried to Contributions to Specify applicable paragraph of 11 U.S.C. § 507 (a)(5).

EXHIBIT "14"

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 Debtor owes money or property): JEFFREY MATHEWS	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number:
Name and address where notices should be sent: TEFFEN MATHEMS	(If known) sen City Group
8901 SIERRA LINDA DR	Filed on:
LAS VEGAS, NV 89147	MAY - 5 2015
Telephone number: (702) 523-9175 Email address: jeff_mathews 23@ yahoo. ran	
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 - 00293 District of Nevada Telephone number: Ameri-Dream, LLC Email address:	
Amount of Claim as of Date Case Filed: 5 / 625 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: REFUNDABLE DEPOS 173 FEE	LEASE at 890) SIERRA LINDA.
Last four digits of any number by which creditor identifies debtor:	a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
-	(See instruction #3a) (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.	
Nature of property or right of setoff: ☐ Real Estate ☐ M ☐ Other	Motor Vehicle 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 □ Wages, salaries, or commis \$12,475*) earned within 18 the case was filed or the De business ceased, whichever	80 days before plan - 11 U.S.C. § 507 (a)(5). ebtor's is earlier - Other - Specify applicable paragraph Amount entitled to priority:
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. § 507 (a)(8).	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	oith 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"



NITED 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 filling. 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): Hong Feng Hu Name and address where notices should be sent:	Court Claim Number:			
	(If bnown) July Group			
1000 Felig HU	1) Substitute (1) Substitute (1)			
Hong Feng Hu 9422 Alderbury St. Cypress, CA 90630	Filed on:			
Cypress, CA 40630	. (
·				
Telephone number: 714-995-9257				
Email address: hhu8@4ahoo.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 - 00602			
Telephone number:	District of Nevada Ameri-Dream, LLC			
Email address:	Ameripitani, 600			
1. Amount of Claim as of Date Case Filed: \$\\815				
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 amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Chalm: Deposit on rental property	9028 Wine Cellar			
(See instruction #2)				
3. Last four digits of any number by which creditor identifies debtor: 3	a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as:			
7 9 5 1	Hona Fena Hu			
	(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 ri attach required redacted documents, and provide the requested information.	ight of setoff, was filed, included in secured claim, if any:			
Nature of property or right of setoff:	Motor Vehicle			
Donath.	Basis for perfection:			
Describe:				
Value of Property: S	Amount of Secured Claim: \$			
	Variable			
Annual Interest Rate% ☐ Fixed or ☐ \(\text{(when case was filed)}\)	Variable 1975			
Annual Interest Rate	Variable Amount Unsecured: \$ 1875 eart of the claim falls into one of the following categories, check the box specifying ssions (up to Contributions to an employee benefit			
Annual Interest Rate	Amount Unsecured: \$ 1875 sert of the claim falls into one of the following categories, check the box specifying ssions (up to Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).			
Annual Interest Rate	Amount Unsecured: \$ 1875 sert of the claim falls into one of the following categories, check the box specifying ssions (up to Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). charter is earlier - Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). Amount entitled to priority:			
Annual Interest Rate	Amount Unsecured: \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Annual Interest Rate	Amount Unsecured: \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Annual Interest Rate	Amount Unsecured: \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

EXHIBIT "16"

	H 1 1		M	
			Ш	III I

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 Debtor owes money or property): GARY SPICA	☐ Check this box to indicate that this claim amends a previously filed claim.		
Name and address where notices should be sent:	Court Claim Number:		
GARY SPICA	(If known) Garden City Go		
1895 N GREEN VALLEY PARKWAY			
HANDERSON NV. 89074	Filed on:		
APARTMENT 2114	\ \ `*\dis]		
Telephone number: 702 810 56 3 8			
Email address: GSPICA @ HOT MPIL.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 - 00667		
T-lb	District of Nevada		
Telephone number: Email address:	Ameri-Dream, LLC		
1. Amount of Claim as of Date Case Filed: S 1850, 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: RENT DEPOSITS (See instruction #2)			
	Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as:		
1 4 4 3			
	(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 ristach required redacted 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: S		
Nature of property or right of setoff: ☐ Real Estate ☐ N ☐ Other	Motor Vehicle Basis for perfection:		
Describe:	Disis for perfection.		
Value of Property: S	Amount of Secured Claim: \$		
Annual Interest Rate% □ Fixed or □ \	/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) \$12,475*) earned within 18 the case was filed or the D	00 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).	ris earlier - Other - Specify applicable paragraph		
services for personal, family, or	\$ 1950.00		
household use – 11 U.S.C. § 507 (a)(7). I haves or penalities owed to governmental units – 11 U. 507 (a)(8).			
*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	purpose of making this proof of claim (See instruction #6)		

EXHIBIT "17"

B10 (Official Form 10) (04/13)				
UNITED STATES BANKR	UPTCY COURT District of N	evada	PROOF OF CLAIM	
Name of Debtor: AMERI-DREAM REALTY LLC		Case Number: 15-10110	FILED	
	a claim for an administrative expense that aris ayment of an administrative expense according		U.S. Bankruptcy Court District of Nevada	t
Name of Creditor (the person or other enti ZHILONG TANG	ty to whom the debtor owes money or property	():	5/13/2015 Mary A. Schott, Clerk COURT USE ONLY	
Name and address where notices should be ZHILONG TANG 5767 GABLEWOOD WAY	e sent:		Check this box if this claim amends a previously filed claim.	,
SAN DIEGO, CA 92130			Court Claim Number:	(If known)
Telephone number: 949-466-9821	email: ztang2009@gmail.com	mile I de		Filed on:
Name and address where payment should 17 Hawkcreek	be sent (if different from above): .	FILED - 00934 District of Nevada	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	
Irvine, CA 92618 Telephone number, 949–466–9821	email: ztang2009@gmail.com	Ameri-Dream, LLC	particulars.	
Check this box if the claim includes in Basis for Claim: security deposits of the Last four digits of any number by which creditor identifies debtor:	acceptable (See instruction #2) 3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifi (See instruction #3b)		
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	Real Estate	Amount of arrears included in secure Other Basis for perfectic Amount of Secure	S on:	as filed,
5. Amount of Claim Entitled to Priority and state the amount.	under 11 U.S.C. §507(a). If any part of the	claim falls into one of the follo	wing categories, check the box specifying th	ne priority
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 cr or the debtor's business ceased, which U.S.C. §507(a)(4).	ise was filed	Contributions to an employee benefit plan – priority:	entitled to
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		ental units = 11 U.S.C.	Other - Specify spplicable paragraph of 11 U.S.C. §507(a)(_).	_
*Amounts are subject to adjustment on 4/	01/16 and every 3 years thereafter with respec	t to cases commenced on or after	the date of adjustment	
6. Credits. The amount of all payments or	this claim has been credited for the purpose of	f making this proof of claim. (Se	e instruction #6)	

EXHIBIT "18"

	Ameri-Dream, LLC			
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 an 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);	O Check this box to indicate that this claim amends a previously filed claim.			
Name and address where notices should be sent:	Court Claim Number:			
Li Guo	(If known)			
7843 Nookfield Dr	Filed on:			
Las vegas, NV89147				
Telephone number: Email address:	·			
Name and address where payment should be sent (if different from above):	☐ Check this box if you are aware that anyone else has flied a proof of claim relating to this claim. Attach copy of statement giving particulars.			
	the selling relation sold or statistical from Shareners			
•				
Telephone number.				
Email address: I. Amount of Claim as of Date Case Filed: S. 1,000				
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.				
0 . 0 0	the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: Securify Deposit for (See instruction #2)	x 2050 Warm Spring #3323			
	Debtor may have scheduled 3b. Uniform Claim Identifier (optional):			
8219				
	(See instruction #3a) (See instruction #3b)			
 Secured Claim (See instruction #4) Chock the appropriate box if the claim is secured by a lien on property or a rig attach required reducted 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:			
	lotor Vehicle			
Describe:	Basis for perfection:			
Value of Property: S	Amount of Secured Claim: 5			
Annual Interest Rate% D Fixed or D Vo	ariable Amount Unsecured: 5			
	rt of the claim falls into one of the following categories, check the box specifying			
☐ Domestic support obligations under II U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Wuges, salaries, or commiss \$12,475*) earned within 180 the case was filed or the Deb	days before plun – 11 U.S.C. § 507 (a)(5).			
Up to \$2,775* of deposits toward business censed, whichever in the purchase, lease, or rental of property or 11 U S C. § 507 (a)(4).	of 11 U.S.C. 5 507 (a)().			
services for personal, family, or household use - 11 U.S.C. § 507 (a)(7) Twees or penalties owed to governmental units - 11 U.S. 507 (a)(8)	s_1,000			
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter wit	th respect to cases commenced on or after the date of adjustment.			

Modified B10 (GCG) (4/13)

EXHIBIT "19"

B10 (Official Form 10) (04/13)				
United States Bankrupto	Y COURT District or	F NevadaRI	ECEIVER PER	FEGLAIM
Name of Debtor:		Case Number:		(3
Ameri - Dreum	fealty LLC	15-10110-161	5 APR 21 P1	D6 B
may file a request for paym	laim for an administrative expense that arises ent of an administrative expense according to	11 U.S.C. § 503. U.S.	BANKRUPTCY G	
	ty to whom the debtor owes money or propert	y): ITA	RY A. SCHOTT. CI	LENN
Name and address where notices should be	a Kesselman		COURT US Check this box if this	
Victorina Kessel			previously filed claim.	
57 April Lone Nanuet, NY	0954 cmail: 1510		Court Claim Number: (If known)	:
845) 623- 4276 Name and address where payment should	brule@aol	. com	Filed on:	
Victorina Ke 57 April Lane	sselman , Nanuet, NY i		Check this box if yo anyone else has filed a relating to this claim. A statement giving particu	proof of claim Attach copy of
Telephone number: . (845) 623-4276	email: b fuk @ 001.	com		(3)
1. Amount of Claim as of Date Case File	ed: \$ 1,550.00	FII	LED - 00861	MAY 14 2
If all or part of the claim is secured, compl	ete item 4.		rict of Nevada	\
If all or part of the claim is entitled to prior	rity, complete item 5.	Amer	ri-Dream, LLC	
Of healt this how if the claim includes into	rest or other charges in addition to the princip	ol amount of the claim. Attack o	atatament that its mines in	
	editor	Managerent to Co.	(deblor) in	trust
by which creditor identifies debtor:	3a. Debtor may have scheduled account as		ier (optional):	
B00400 11	(See instruction #3a)	(See instruction #3b) Amount of arrearage and	other charges, as of the ti	me case was filed,
 Secured Claim (See instruction #4) Check the appropriate box if the claim is seetoff, attach required redacted documents, 		included in secured claim,		,
Nature of property or right of setoff: Describe:	Real Estate O'Motor Vehicle O'Other	Basis for perfection:		
Value of Property: S		Amount of Secured Claim	: ·\$	_
Annual Interest Rate% ☐Fixed (when case was filed)	or OVariable	Amount Unsecured:	s	_
5. Amount of Claim Entitled to Priority the priority and state the amount.	under 11 U.S.C. § 507 (a). If any part of th	e claim falls into one of the foll	lowing categories, check t	he box specifying
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B)	Wages, salaries, or commissions (up to carned within 180 days before the case we debtor's business ceased, whichever is ear 11 U.S.C. § 507 (a)(4).	s filed or the employee ben	cfit plan – 07 (a)(5).	itled 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).	☐ Taxes or penalties owed to governmen 11 U.S.C. § 507 (a)(8).	tal units - Other - Sp - applicable par 11 U.S.C. § 50	agraph of	50.00
. *Amounts are subject to adjustment on 4/0	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 o	n this claim has been credited for the purpose	of making this proof of claim. (S	ee instruction #6)	

EXHIBIT "20"

B10 (Official Form 10) (04/13)				
UNITED STATES BANKRUPTO	Y COURT Distr	rict of Nevada		PROOF OF CLAIM
Name of Debtor:		Case Number:		A. C.
AMERI-DREAM, REALTY LLC		15-10110-LE	D	
NOTE: Do not use this form to make a co may file a request for paym	laim for un administrative expense th nent of an administrative expense acc		cy filing. You	
Name of Creditor (the person or other enti Nara Kazarian	ty to whom the debtor owes money of	or property):		
Name and address where notices should be David A. Riggi, Esq. 5550 Painted Mirage Rd. Suite 1 Las Vegas, NV 89149	20 .	FILED - 00931 District of Nevada Ameri-Dream, LLC		COURT USE ONLY Check this box if this claim amends a previously filed claim. Court Claim Number: (If known)
Telephone number: (702) 463-7777	•			Filed on:
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.
Telephone number:	email:			
1. Amount of Claim as of Date Case Fil		2.600.00 (plus an	damages from	the Debtor's errors and omissions)
If all or part of the claim is secured, comp				CRT
If all or part of the claim is entitled to pro				0.112
Check this box if the claim includes into			laim. Attach a st	atement that itemizes interest or charges.
Basis for Claim: Housing assist (See instruction #2)	ance payments (3846 Bomba	stic Ct)		
Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled a	ecount as: 3b. Uniform	Claim Identifier	(optional):
I	(See instruction #3a)	(See instruct		ner charges, as of the time case was filed,
Secured Claim (See instruction #4) Check the appropriate box if the claim is a setoff, attach required reducted documents.		included in s ht of	ecured claim, if	
Nature of property or right of setoff:			fection:	
Describe:	A CH	6		
Value of Property: \$	/ S	B	ecured Claim:	s
Annual Interest Rate% ☐Fixed (when case was filed)	d or □Variable (MAY 1.4	2015 Amount Un	ecured:	s
5. Amount of Claim Entitled to Priority the priority and state the amount.	vunder 11 U.S.C. § 507 (a). If any	part of the claim falls into	one of the follow	ving 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 earned within 180 days before t debtor's business ceased, which 11 U.S.C. § 507 (a)(4).	the case was filed or the	☐ Contributions employee benefit 11 U.S.C. § 507	t plan –
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 g 11 U.S.C. § 507 (a)(8). d	governmental units -	Other – Spec applicable parag 11 U.S.C. § 507	raph of
*Amounts are subject to adjustment on 4/	01/16 and every 3 years thereafter w	ith respect to cases commen	ced on or after th	e date of adjustment.
6. Credits. The amount of all payments	on this claim has been credited for th	ne purpose of making this pr	oof of claim. (See	instruction #6)