

# EXHIBIT “1”



**UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA** **PROOF OF CLAIM**

Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED

*NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the Debtor owes money or property): Bao Wen Qi

Name and address where notices should be sent:  
Bao Wen Qi  
8216 Gillette Ave.  
Las Vegas, NV 89117

Telephone number: 702-869-2702  
 Email address: g.puppies@gmail.com

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_ (if known)

Filed on: \_\_\_\_\_

**Garden City Group, LLC**

**MAY 18 2015**

Name and address where payment should be sent (if different from above):

Telephone number: \_\_\_\_\_  
 Email address: \_\_\_\_\_

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 - 00927  
 District of Nevada  
 Ameri-Dream, LLC

1. Amount of Claim as of Date Case Filed: \$ 1150.00

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: tenant rental deposits  
 (See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:  
8 2 1 9

3a. Debtor may have scheduled account as:  
Wei Cao  
 (See instruction #3a)

3b. Uniform Claim Identifier (optional):  
 \_\_\_\_\_  
 (See instruction #3b)

4. Secured Claim (See instruction #4)  
 Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff:  Real Estate  Motor Vehicle  Other

Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_

Annual Interest Rate \_\_\_\_\_ %  Fixed or  Variable

(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ \_\_\_\_\_

Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_

Amount Unsecured: \$ \_\_\_\_\_

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

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 services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).  
 Wages, salaries, or commissions (up to \$12,475\* earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).  
 Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  
 Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).

Amount entitled to priority: \$ 1150.00

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

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

# EXHIBIT “2”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property):  Name and address where notices should be sent:  <b>LIRONG CHIU</b> <b>5404 RIVER GLEN DR. #360</b> <b>LAS VEGAS NV 89103</b>  Telephone number: <b>(702) 289-8688</b> Email address: <b>MANNAX3X3@HOTMAIL.COM</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Name and address where payment should be sent (if different from above):    Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.    <div style="border: 1px dashed black; padding: 20px; text-align: center;"> <p><b>FILED - 00928</b>                      District of Nevada                      Ameri-Dream, LLC</p> </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>1975.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>SECURITY DEPOSIT HELD BY AMERI-DREAM FOR MY HOUSE, 8426 REGAL HILLS</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  <u>8 2 1 9</u>	3a. Debtor may have scheduled account as:  <u>LIRONG CHIU</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed      or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ <u>NA</u>  Amount Unsecured: \$ <u>1975.00</u>
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).  *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.		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5) <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a) _____  Amount entitled to priority: \$ <u>1,975.00</u>
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 “3”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA PROOF OF CLAIM

Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the Debtor owes money or property): Ernest A. Fleming III  Check this box to indicate that this claim amends a previously filed claim.


Name and address where notices should be sent: Ernest A. Fleming III  
1916 Coraline Dr.  
Henderson, NV 89074  
(702) 427-9760

Telephone number: Ernest-Fleming@cox.net

Email address: Ernest-Fleming@cox.net

Court Claim Number: BK-5-15-10110-LED (if known)

Filed on: 5/27/15



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 - 00946 .  
 District of Nevada  
 Ameri-Dream, LLC

Telephone number:  
 Email address:

1. Amount of Claim as of Date Case Filed: \$ 1,880.00

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: Embezzlement of security deposits.  
 (See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 0011

3a. Debtor may have scheduled account as: \_\_\_\_\_  
 (See instruction #3a)

3b. Uniform Claim Identifier (optional): \_\_\_\_\_  
 (See instruction #3b)

4. Secured Claim (See instruction #4)  
 Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff:  Real Estate  Motor Vehicle  Other

Describe: 1289 Donnette dr  
Las Vegas, NV 89142

Value of Property: \$ 140,000.00

Annual Interest Rate 4.375 %  Fixed or  Variable (when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ \_\_\_\_\_

Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_

Amount Unsecured: \$ \_\_\_\_\_

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

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 services for personal, family, or household use – 11 U.S.C § 507 (a)(7).

Wages, salaries, or commissions (up to \$12,475\*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ) .

Amount entitled to priority: \$ 1,880.00

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

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

# EXHIBIT “4”



**UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA** **PROOF OF CLAIM**

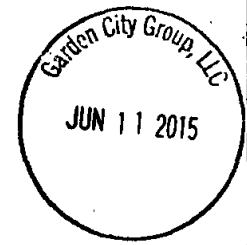
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the Debtor owes money or property): **ZHUO YUN GUAN**  Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:  
**ZHUO YUN GUAN**  
**221-8220 JONES RD**  
**RICHMOND BC CANADA**  
**V6Y 3Z7**  
 Telephone number: **778-896-6779**  
 Email address: **BOMENHU@YAHOO.CA**

Court Claim Number: \_\_\_\_\_ (if known)  
 Filed on: \_\_\_\_\_



Name and address where payment should be sent (if different from above):  
 Telephone number:  
 Email address:

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 - 00949  
 District of Nevada  
 Ameri-Dream, LLC

1. Amount of Claim as of Date Case Filed: \$ **2150 /**  
 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: **SECURITY DEPOSIT & RESERVE FUND HELD BY AMERIDREAM (SEE ATT 1)**  
 (See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:  
**2 8 1 5**

3a. Debtor may have scheduled account as:  
 \_\_\_\_\_  
 (See instruction #3a)

3b. Uniform Claim Identifier (optional):  
 \_\_\_\_\_  
 (See instruction #3b)

4. Secured Claim (See instruction #4)  
 Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  
 Nature of property or right of setoff:  Real Estate  Motor Vehicle  Other  
 Describe: \_\_\_\_\_  
 Value of Property: \$ \_\_\_\_\_  
 Annual Interest Rate \_\_\_\_\_ %  Fixed or  Variable (when case was filed)  
 Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ \_\_\_\_\_  
 Basis for perfection: \_\_\_\_\_  
 Amount of Secured Claim: \$ \_\_\_\_\_  
 Amount Unsecured: \$ **2150 /**

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.  
 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 services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).  
 Wages, salaries, or commissions (up to \$12,475\*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).  
 Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  
 Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).  
 Amount entitled to priority: \$ **2150 /**

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

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)



# EXHIBIT “5”



**UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA** **PROOF OF CLAIM**

Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED

*NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the Debtor owes money or property): **FRANK & JOY PENSADO**  Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:  
**FRANK & JOY PENSADO**  
**276 HORIZON POINTE CR.**  
**HENDERSON, NV 89012**

Telephone number: **(818) 437-5373**  
 Email address: **jpenbowler@gmail.com**

Court Claim Number: \_\_\_\_\_ (If known)  
 Filed on: \_\_\_\_\_



Name and address where payment should be sent (if different from above):  
**Same**

Telephone number: **(818) 437-5373**  
 Email address: **JPENBOWLER@GMAIL.COM**

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 - 00957**  
**District of Nevada**  
**Ameri-Dream, LLC**

1. Amount of Claim as of Date Case Filed: \$ 2,500.00

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: RESIDENTIAL SECURITY DEPOSIT FOR RENTAL PROPERTY  
 (See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
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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:  Real Estate  Motor Vehicle  Other

Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_

Annual Interest Rate \_\_\_\_\_ %  Fixed or  Variable (when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ \_\_\_\_\_

Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_

Amount Unsecured: \$ \_\_\_\_\_

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).

Amount entitled to priority: \$2,500.00

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

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)