

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): **VINCENT, MALIA CHRISTOPHER AND CHRISTIAN GOODINO** Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:
**C/O ZOE TERRY, ESQ
 TERRY LAW GROUP, PC
 410 S RAMPART BLVD #390
 LAS VEGAS, NV 89145**

Telephone number: **702 726 6797**
 Email address: **zoe@tcmylcnvgroup.com**

Court Claim Number: _____ (If known)
 Filed on: _____

Garden City Group, LLC
MAY 16 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 - 00926
District of Nevada
Ameri-Dream, LLC

1. Amount of Claim as of Date Case Filed: **\$ MORE THAN \$10,000.00**
 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: **RETURN OF RENTAL DEPOSIT AND PERSONAL INJURY AND PROPERTY DAMAGE**
 (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).	Amount entitled to priority: \$ _____
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	

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

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

EXHIBIT “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): Karen Feng Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:
Karen Feng
9628 Camden Hills Ave
Las Vegas, NV 89145
 Telephone number: 702-683-2880
 Email address: Jian-Li 2011@hotmail.com

Court Claim Number: _____ (If known)
 Filed on: _____


Name and address where payment should be sent (if different from above):
SAME As 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 - 00247
 District of Nevada
 Ameri-Dream, LLC

1. Amount of Claim as of Date Case Filed: \$ 3,000⁰⁰
 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, Last month Rent Security
 (See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:
2 7 8 6

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: \$ _____

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: \$ 3,000⁰⁰
 *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)