UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

WITHDRAWAL OF CLAIM

Debtor Name and Case Number:	Motors Liquidation Company, Case No. 09-50026 (REG)
Creditor Name and Address:	Charles Blackwell and State Farm Mutual Automobile Insurance Company Zeehandelar, Sabatino & Associates, LLC 471 East Broad Street, Suite 1200 Columbus, Ohio 43215
Claim Number:	50977
Date Claim Filed:	11/25/2009
Total Amount of Claim Filed:	$19,486.88

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above-referenced Debtor.

Dated: 4/13/11

Maria Fisher, Claims Representative

RECEIVED