

Nov. 12, 2011

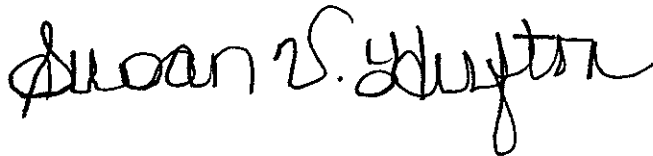
Honorable Judge Robert E. Gerber,

I am sending in my response to the 255th Objection to Claims. I was notified by e-mail that a response was to be sent in on the courts electronic filing system or on a CD-ROM. I am currently disabled and I have been seeking my daughters assistance for my claim. Your Honor please know I have the upmost respect for our judicial system and it's need for proper filing procedures. I cannot gain access to the courts system and as far as a CD-ROM I am not electronically knowledgeable enough to make one.

As to my response I can tell you that on 10-30-09 my vehicle was taken to a shop with extensive intake damage. At that time I was informed by the manager of the shop and the mechanic looking at my vehicle of the dexcool litigation and that I should investigate it due to the damage being related to the dexcool. I then went to the web site and found the information to file and I did. I also sent in my paperwork for the repairs to my vehicle which included the proof of claims for the U. S. Bankruptcy Court For The Southern District Of New York and receipts for the repairs. I just received the 255th Objection to Claims and I am responding with the same paperwork I sent in originally.

Your Honor please except my response and know this is a honest attempt to provide the courts the information requested and in a manner in which I can provide to the best of my ability.

Thank You Sir,



Susan V. Hufton

Claim# 45183

D.O.B. 01/13/47

Phone: 757-417-9060

Address: 804 Raymond Court

Virginia Beach, Va. 23464



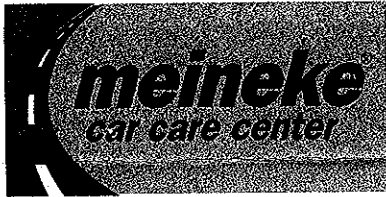
7010863



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): <input type="checkbox"/> Motors Liquidation Company (f/k/a General Motors Corporation) <input type="checkbox"/> MLCS, LLC (f/k/a Saturn, LLC) <input type="checkbox"/> MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) <input type="checkbox"/> MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)		Case No. 09-50026 (REG) 09-50027 (REG) 09-50028 (REG) 09-13558 (REG)
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 3). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): SUSAN HUFTON		Your Claim is Scheduled As Follows:  If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
Name and address where notices should be sent: SUSAN HUFTON  804 RAYMOND COURT VIRGINIA BEACH VA 23464  757-962-1830 Telephone number: Email Address: SHUFTON@verizon.net		
Name and address where payment should be sent (if different from above):   Telephone number:		
<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____		
<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.		
1. Amount of Claim as of Date Case Filed, June 1, 2009: \$1397.54 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.
2. Basis for Claim: coolant / lower and upper intake mfg failure (See instruction #2 on reverse side.)		<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 \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, 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 type="checkbox"/> Up to \$2,425* 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"/> Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2)) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$ _____
3. Last four digits of any number by which creditor identifies debtor: _____  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input checked="" type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other Describe: _____  Value of Property: \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER CLEANING.  If these attachments are not available, please explain in an attachment.		
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice above. Attach copy of power of attorney, if any.  Susan Hufton		FOR COURT USE ONLY



9228473748



**MEINEKE CAR CARE CENTER #197**

**6399 INDIAN RIVER ROAD  
VIRGINIA BEACH, VA 23464  
(757)420-1780**

**Invoice Number: 21597**

Invoice Date: 10-30-09  
Estimate ID: 031217  
Invoice Code: 765284Q766253Q3

"Each Shop Individually Owned and Operated"

**SOLD TO:** www.meineke.com

**SUSAN HUFTON  
804 RAYMOND CT  
VA BEACH, VA 23464 (757) 962-1830**

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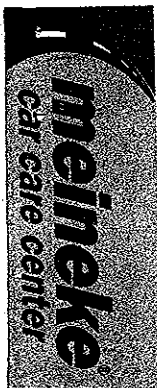
Vehicle	Odometer	Tag	Vin	Tech	Writer	Ad Lead
1998 BUICK LESABRE	In: 115,378 Out: 115,378	VA YBG7155		643	427	WALK IN

Quantity	Item	Description	Warranty	MAP	A/D	Unit Price	Discount	Total
<b>ENG-DRVTRN</b>								
1.00	8438	LOWER INTAKE GASKET SET	1 Year	A	A	129.99		129.99
5.00	LABOR	SHOP LABOR TO R&R INTAKE MANIFOLD GASKETS		A	A	92.50		462.50
1.00	95812	UPPER INTAKE GASKET	1 Year	A	A	89.99		89.99
1.00	0080R	VALVE COVER GASKET	1 Year	A	A	39.99		39.99
1.00	5215	UPPER INTAKE	1 Year	A	A	249.99		249.99
1.00	833	VALVE COVER GROMMET	1 Year	A	A	12.99		12.99
<b>Job Total:</b>								<b>985.45</b>
<b>EXHAUST</b>								
1.00	70317	CONVERTER	1 Year	A	A	99.99		99.99
1.00	LABOR	LABOR TO REMOVE AND FIT CONVERTER		A	A	92.50		92.50
1.00	DISP FEE EXH	DISPOSAL FEE CONVERTER		A	A	3.99		3.99
<b>Job Total:</b>								<b>196.48</b>
<b>FLUID&amp;FLTR</b>								
4.90	5W30	MOBIL OIL 5W30		A	A	3.36	(16.46)	0.00
1.00	OIL CHANGE	LABOR TO CHANGE OIL		A	A	2.52	(2.52)	0.00
1.00	DISP FEE F/F	DISPOSAL FEE OIL		A	A	0.97	(0.97)	0.00
1.00	M3387	OIL FILTER		A	A	5.00	(5.00)	0.00
<b>Job Total:</b>								<b>0.00</b>
<b>HTG&amp;COOLNG</b>								
1.00	5481	THERMOSTAT	1 Year	A	A	14.99		14.99
3.50	COOLANTGLOB	GLOBAL COOLANT		A	A	11.90		41.65
1.00	5666	T-STAT GASKET		A	A	6.99		6.99
1.00	178	COOLANT TEMP SENSOR	1 Year	A	A	24.99		24.99
<b>Job Total:</b>								<b>88.62</b>
<b>TUNE&amp;FUEL</b>								
1.00	APP606	SPARK PLUG	1 Year	A	A	12.99		12.99
0.75	LABOR	LABOR FOR FUEL INJECTION TUNE UP		A	A	45.00	(33.75)	0.00
1.00	FUELSERVICE	FUEL SERVICE KIT 10104	None	A	A	59.99	(59.99)	0.00
1.00	1800	INJECTOR RETAINER CLIPS		A	A	39.99		39.99
<b>Job Total:</b>								<b>52.98</b>

MEMO REPAIR BLOWN INTAKE GASKET

436543

Customer Copy = White Shop Copy = Yellow



**MEINEKE CAR CARE CENTER #197**  
6399 INDIAN RIVER ROAD  
VIRGINIA BEACH, VA 23464  
(757)420-1780

**Invoice Number: 21597**  
Invoice Date: 10-30-09  
Estimate ID: 031217  
Invoice Code: 765284Q76625303

We want to thank you for your patronage. At MEINEKE, your satisfaction is very important to us.

Sales Tax 1: 39.02

**Total Warranty Amount: \$**

**PAYMENT RECEIPT**  
Meineke CC 1,397.54

- \* Main Code Legend
- S1=Sugg-Failure Likely
- S2=Sugg-Customer Req.
- S3=Sugg-Maintenance
- S4=Sugg-Recommendation
- RA=Req-Performance
- RB=Req-Design Spec
- RC=Req-Missing

- ADD Legend
- A=Accepted
- D=Declined

\*\*\*

436544

Shop Supplies	34.99
Total Parts	764.54
Total Labor	568.99
Sub Total	1,338.52
Sales Tax	39.02
<b>Total Due: \$1,397.54</b>	

Printed: 10/30/2009 at 4:57:05PM

RECEIVED BY  **WARRANTY INFORMATION ON BACK OF RECEIPT.**