

Cheryl C. Green
P.O. Box 13894
New Orleans, LA 70185

April 11, 2012

Honorable Robert Gerber
US Bankruptcy Court
Southern District of New York
11 Bowling Green Rm # 534
New York, New York 10004

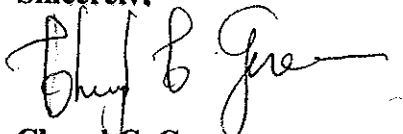
Re: Case# 09-50026, Claim# 12265

To: Honorable Robert Gerber

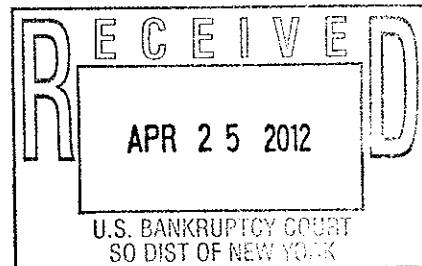
I am requesting you reconsider my claim (on the job injury). The court documents were not received until 7/23/2010. Because these documents were not time censored nor was there a tracking number. The United States Post Office can not determine the delay of receipt. Court documents mailed from Garden City Groups should contain a tracking number. Please see enclosed documents.

Thank you for your consideration.

Sincerely,



Cheryl C. Green



01793737
APS0804824683



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

Name of Debtor (Check Only One)
 Motors Liquidation Company (f/k/a General Motors Corporation)
 MLCS, LLC (f/k/a Saturn, LLC)
 MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)
 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)

PROOF OF CLAIM

Your Claim is Scheduled As Follows:

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 # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 501.

Name of Creditor (the person or other entity to whom the debtor owes money or property) **CHERYL C GREEN**

Name and address where notices should be sent
**CHERYL C GREEN
PO BOX 13894
NEW ORLEANS, LA 70185-3894**

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

Court Claim Number **FILED - 12265**
(If known) **MOTORS LIQUIDATION COMPANY**
Filed on **F/K/A GENERAL MOTORS CORP**
SDNY # 09-50026 (REG)



Telephone number
Email Address

Name and address where payment should be sent (if different from above)
**CHERYL C GREEN
PO Box 13894
NEW ORLEANS, LA**

Telephone number **225-247-1923**

1 Amount of Claim as of Date Case Filed, June 1, 2009 \$
If all or part of your claim is secured, complete item 4 below. If all or part 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.
 Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach copy of itemized statement of interest or charges.

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.

2 Basis for Claim (See instruction #2 on reverse side)
3 Last four digits of any number by which creditor identifies debtor

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

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 Real Estate Motor Vehicle Equipment 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. \$

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
 - 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)
 - Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)
 - 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)
 - Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
 - 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))
 - Other - Specify applicable paragraph of 11 U.S.C. § 507(a)()
- Amount entitled to priority \$

Amount of Secured Claim \$
Amount Unsecured \$ **500,000.00**

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 security interest. You may also attach a summary. (See instruction 7 and definition of redacted on reverse side)
NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER ANNOUNCING
If documents 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 address above. Attach copy of power of attorney, if any.
Cheryl C Green (RELEASE)
225-247-1923

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

FOR COURT USE ONLY

18 U.S.C. § 501
18 U.S.C. § 503
18 U.S.C. § 505

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules. The attorneys for the Debtors and their court-appointed claims agent, The Garden City Group, Inc., are not authorized and are not providing you with any legal advice.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL, THE GARDEN CITY GROUP, INC., ATTN: MOTORS LIQUIDATION COMPANY CLAIMS PROCESSING, P.O. BOX 9386, DUBLIN, OH 43017-4286; IF BY HAND OR OVERNIGHT COURIER, THE GARDEN CITY GROUP, INC., ATTN: MOTORS LIQUIDATION COMPANY CLAIMS PROCESSING, 5151 BLAZER PARKWAY, SUITE A, DUBLIN, OH 43017. PROOFS OF CLAIM MAY ALSO BE HAND DELIVERED TO THE UNITED STATES BANKRUPTCY COURT, SDNY, ONE BOWLING GREEN, ROOM 534, NEW YORK, NEW YORK 10004. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR E-MAIL WILL NOT BE ACCEPTED.

THE GENERAL AND GOVERNMENTAL BAR DATE IS NOVEMBER 30, 2009 AT 5:00 P.M. (PREVAILING EASTERN TIME)

Court, Name of Debtor, and Case Number

These Chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on June 1, 2009. You should select the debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR

Creditor's Name and Address

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1 Amount of Claim as of Date Case Filed

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2 Basis for Claim

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the debtor, trustee or another party in interest files an objection to your claim.

3 Last Four Digits of Any Number by Which Creditor Identifies Debtor

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor, if any.

3a. Debtor May Have Scheduled Account As

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4 Secured Claim

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5 Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a)

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

For claims pursuant to 11 U.S.C. § 503(b)(9), indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before June 1, 2009, the date of commencement of these cases. (See DEFINITIONS, below.) Attach documentation supporting such claim.

6 Credits

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

7 Documents

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

INFORMATION

<p>Debtor A debtor is the person, corporation, or other entity that has filed a bankruptcy case. The Debtors in these Chapter 11 cases are:</p> <p>Motors Liquidation Company (f/k/a General Motors Corporation) 09-50026 (REG)</p> <p>MLCS LLC (f/k/a Saturn, LLC) 09-50027 (REG)</p> <p>MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) 09-50028 (REG)</p> <p>MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.) 09-13558 (REG)</p> <p>Creditor A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.</p> <p>Claim A claim is the creditor's right to receive payment on a debt that was owed by the Debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.</p> <p>Proof of Claim A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with The Garden City Group, Inc. as described in the instructions above and in the Bar Date Notice.</p> <p>Secured Claim Under 11 U.S.C. § 506(a) A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be</p>	<p>paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).</p> <p>Section 503(b)(9) Claim A Section 503(b)(9) claim is a claim for the value of any goods received by the debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the debtor in the ordinary course of such debtor's business.</p> <p>Unsecured Claim An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.</p> <p>Claim Entitled to Priority Under 11 U.S.C. § 507(a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.</p> <p>Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's</p>	<p>tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.</p> <p>Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.</p> <p>Acknowledgment of Filing of Claim To receive acknowledgment of your filing from The Garden City Group, Inc., please provide a self-addressed, stamped envelope and a copy of this proof of claim when you submit the original claim to The Garden City Group, Inc.</p> <p>Offers to Purchase a Claim Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.</p> <p>Additional Information If you have any questions with respect to this claim form, please contact Alix Partners at 1 (800) 414-9607 or by e-mail at claims@motorsliquidation.com</p>
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8/04/10

Cheryl C. Green
P.O. Box 13894
New Orleans, LA 70185
(504) 460-5282
claim # 12265

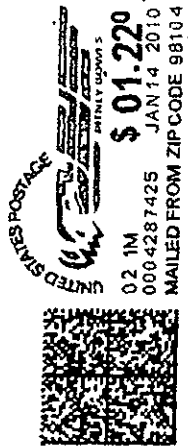
RE: Motors Liquidation Co.
FKA General Motors Corp.
Chapter 11 Case No. 09-50026 (REG)

I recently received (July 23, 2010) a court order granting ~~Debtors'~~ Debtors' Fifth Omnibus Objecting to claims with insufficient documentation. Please see Exhibit A (pg. 3) claim # 12265. I lost all documents during HURRICANE KATRINA, 8/20/05. I am on the process of obtaining documents related to an on the job injury, which declared me disabled. I am requesting additional time to secure gm-related info. Enclosed is a copy of envelope with important court papers, I didn't receive it just 7/23/2010. I am request compensation from back and neck injury that rendered me disabled. I elected not have surgery (I elected not) INJURY HAVE PROGRESS TO FIBROMYALGIA. Early retirement, due to on the job injury has or did reduce my income and other pension benefits.

Sincerely,
Cheryl C. Green

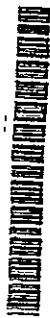
ALLIANCE City Group, Inc
Motors Liquidation Company Claims Agent
P O Box 9386
Dublin, OH 43017-4286

IMPORTANT COURT PAPERS ENCLOSED
Return Service Requested



Account 2/2010

claim # 12265



APSO737049263 01793737

CHERYL C GREEN
PO BOX 13891
NEW ORLEANS LA 70185-3894

Could Be 13894!! Thanks from 13891

DATE 2/1/10 1st time
DATE 2/18/10 2nd time

CHERYL C GREEN
P.O. Box 13894
NEW ORLEANS, LA 70185

NEW ORLEANS LA 701
10 AUG 2010 PM 2

474



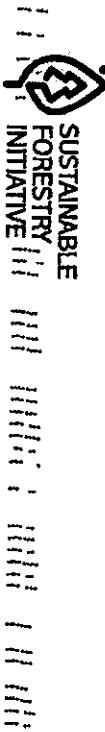
The Garden City Group, Inc.
Motors Liquidation Co. Claims Agent
P.O. Box 9886
Dublin, Oh. 43017-4286

POSTNET

Address: 10000 North 10000, Dublin, OH 43017

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THIS ENVELOPE IS RECYCLABLE AND MADE WITH 30% POST CONSUMER CONTENT

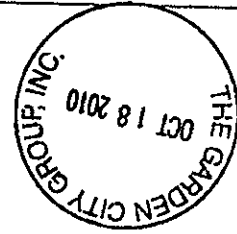


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www.sfi-program.org

37332584

GM-1-0A 1/1 001000031

Cheryl C Green - Claim # 12265
PO BOX 13894
NEW ORLEANS, LA 70185



Please review the enclosed important benefit information

Re: Motors Liquidation Co.
F/K/A GENERAL MOTORS CORP.
Chapter II Case No 09-50026 (REG)

Objection

I am forwarding documents as made available to me from GM
ON Nov. 1996 I sustained an on the job injury
I am requesting 500,000.00 jury rendered sincerely
total and permanently disabled at age 42.

Cheryl C. Green



Claim #
12265

September 20, 2010

CHERYL C GREEN
PO BOX 13894
NEW ORLEANS, LA 70185-3894

GM Benefits & Services Center

gmbenefits.com

1-800-489-4646

International Access

Dial AT&T Direct® Access Code, then

877-833-9900

TDD Service for the Hearing Impaired

1-877-347-5225

**RE: General Motors Retirement Program for Salaried Employees, "the Program"
Request for Retirement Paperwork, W039902-13SEP10**

Dear Cheryl C Green

This letter is in response to your recent inquiry to the GM Benefits & Services Center regarding Total & Permanent Disability (T&PD) paperwork

We regret to inform that we are unable to retrieve your original T&PD retirement paperwork at this time. Nonetheless, we are confirming the below data pertaining to your retirement under the Plan. Please be informed that we are legally required to only keep the paper data for a period of 7 years. Please find the data pertaining to pension options in addition to the information listed below

- Date of Hire 11/01/1975
- Date of Termination 04/30/1992
- Benefit Commencement Date 05/01/1992
- Credited Service 16 0000 Years
- Vesting Service 16 0000 Years
- Date of Birth 11/15/1948
- Payment Option Single Life Annuity

You may view the details of your benefit and account information on the NetBenefits™ web-site located at <http://netbenefits.fidelity.com>. We thank you for your understanding.

If you have any additional questions, please call the GM Benefits & Services Center toll-free at 1-800-489-4646, Monday through Friday, between 7:30 A.M. and 6:00 P.M., Eastern Time zone, to speak with a Customer Service Associate. From outside the U.S., dial your country's toll-free AT&T Direct® access number then enter 877-833-9900. In the U.S., call 1-800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at www.att.com/traveler or from your local operator.

Sincerely,

GM Benefits & Services Center

PLEASE PRESS FIRMLY

Print postage online - Go to usps.com/postage

PLEASE P

1007

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0001590



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Postage & Fees	\$ 1.85	Acceptance Emp. Initials	1677		

DELIVERY (POSTAL SERVICE USE ONLY)

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Day	Time	Employee Signature
Delivery Date	Time	Employee Signature

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Additional restrictions may apply. Signature is void if...
Additional restrictions may apply. Signature is void if...

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Labels are made from 100% recycled paper.



When used in lieu of affixing postage, this label must be used with PS Form 2976.

37332584

11/11/11 001000031

Cheryl C Green - CLAIM #12265
PO BOX 13894

NEW ORLEANS, LA 70185



Please review the enclosed important benefit information

Re: Motors Liquidation Co.
F/K/A GENERAL MOTORS CORP.
Chapter 11 CASE No 09-50026 (REG)
Objection

I am forwarding documents as made available to me from GM
ON Nov. 1990 I sustained an on the job injury
I am requesting 500,000 LUMP SUM RENDERS ME
total and permanently disabled at age 42.

Cheryl C Green

37332584

Cheryl C Green - Claim #12265
PO BOX 13894
NEW ORLEANS, LA 70185



Please review the enclosed important benefit information

Re: Motors Liquidation Co.
F/K/A GENERAL MOTORS CORP.
Chapter 11 Case No 09-50026 (REG)
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I am requesting 500,000 LUMP SUM RENDERS ME PERMANENTLY
Total and permanently disabled at age 42.

Cheryl C Green

Claim #
12265



September 20, 2010

GM Benefits & Services Center

gmbenefits.com

1-800-489-4646

International Access

Dial AT&T Direct® Access Code, then

877-833-9900

TDD Service for the Hearing Impaired

1-877-347-5225

CHERYL C GREEN
PO BOX 13894
NEW ORLEANS, LA 70185-3894

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Request for Retirement Paperwork, W039902-13SEP10

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Sincerely,

GM Benefits & Services Center

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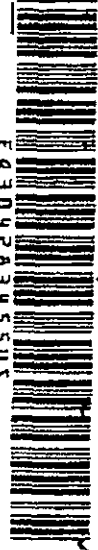
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UNITED STATES POSTAL SERVICE



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For Domestic and International Use

Visit us at usps.com



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Label 118 March 2004

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DELIVERY (POSTAL USE ONLY)

NO. 1	Day	Time	Employee Signature
NO. 2	Day	Time	Employee Signature
NO. 3	Day	Time	Employee Signature
NO. 4	Day	Time	Employee Signature

CUSTOMER USE ONLY

NO DELIVERY TO: No Delivery to PO Box No Delivery to PO Box

TO (PLEASE PRINT) PHONE

ORIGIN (POSTAL SERVICE USE ONLY)

Postage: \$18.00
Return Receipt Fee: \$
Insurance Fee: \$
COD Fee: \$
Total Package & Fees: \$18.00
Acceptance Emp. Initials: [Signature]

Day of Delivery: Next 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st

Scheduled Day of Delivery: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st

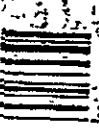
Scheduled Time of Delivery: 8 AM 9 AM 10 AM 11 AM 12 PM 1 PM 2 PM 3 PM 4 PM 5 PM 6 PM 7 PM 8 PM 9 PM 10 PM 11 PM 12 PM

Date Accepted: 4/11/12
Time Accepted: 10:12 AM
Post Office: 211
Post Office Name: [Signature]

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Visit WWW.USPS.COM
Call 1-800-222-1811

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POSTAL DISTRICT, DISTRICT, STATE, COUNTY, ZIP, ZIP+4



Postage recycled.



Postage recycled.

The Garden City Group, Inc.
Motors Liquidation Company Claims Agent
P.O. Box 9386
Dublin, OH 43017-4286

IMPORTANT COURT PAPERS ENCLOSED
Return Service Requested

[Handwritten signature]
25/2010

CHERYL C GREEN
PO BOX 13894
NEW ORLEANS LA 70185-3894



APSO737049263 01793737

could be 13894 !! Thanks from 13891

Date 2/1/10
Date 2/18/10

