

June 11, 2010

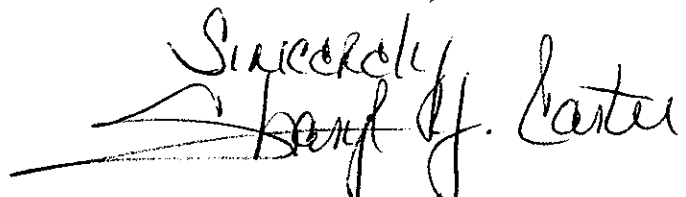
Re. In re Motors Liquidation Company, et al.
f/k/a General Motors Corporation, et al
Case No. 09-50026 (REB)

I Sheryl Y. Carter reside at 1541 Laskie
Ave # Niagara Falls, New York 14301. My numbers are
(716) 282-3621 and (934) 302-8072

Enclosed is copies of the documents that was
mailed to me, requesting me to fill out an amount
on claims numbers 14901, 7020 and 9072. I
Sheryl Y. Carter filled out the documents, and
place an amount of (\$5 million) \$5,000,000.00 on
each claims.

I Sheryl Y. Carter have several claims against
Motors Liquidation Company and their affiliated debts
in the courts system.

If you have any questions contact me at the
above numbers.

Sincerely,
 Sheryl Y. Carter

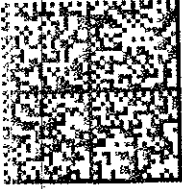
049382046941

\$00.880

Mailed From 75201

US POSTAGE

neopost



Motors Liquidation Company
2101 Cedar Springs Road, Suite 1100
Dallas, Texas 75201

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGRA FALLS, NY 14301

VIA FIRST CLASS MAIL

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGRA FALLS, NY 14301

**Re: In re Motors Liquidation Company, et al. (f/k/a/ General Motors Corporation, et al.) Case
No.: 09-50026 (REG)**

Dear Claimant,

Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors (collectively, "MLC") are in receipt of the following proof(s) of claim that you filed against MLC in an unspecified and unsecured amount:

Creditor Name

SHARYL Y CARTER

Claim Number(s):

9072

The purpose of this letter is to request that you provide MLC with a liquidated amount for your proof(s) of claim against MLC. If you do not provide us with a liquidated amount for your proof(s) of claim, MLC may be compelled to pursue liquidation of your proof(s) of claim in the Bankruptcy Court through an objection or other available procedures. If you wish to provide MLC with a liquidated amount for your proof(s) of claim, please fill out the enclosed Claim Liquidation Letter and return it to MLC at the address indicated in the top left hand corner of the letter no later than June 18, 2010. Please attach any relevant documentation to your Claim Liquidation Letter.

Upon receipt of your Claim Liquidation Letter, MLC will direct its claims agent to update the official claims register with the liquidated amount for the above-listed proof(s) of claim provided in the Claim Liquidation Letter. Please be informed that submission of a Claim Liquidation Letter will not result in allowance of your proof(s) of claim. MLC reserves all rights with regard to the above-listed proof(s) of claim, including the right to object to the liquidated amount included in the Claim Liquidation Letter.

Should you have any questions about this matter, please contact MLC at 1-800-414-9607 or by e-mail at claims@motorsliquidation.com.

Sincerely,
Motors Liquidation Company

Enclosure

VIA EMAIL AND FIRST CLASS MAIL

Motors Liquidation Company
Attn: Claims Team
2101 Cedar Springs Road
Suite 1100
Dallas, TX 75201
claims@motorsliquidation.com

Re: In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) –
Claim Liquidation Letter

Dear Motors Liquidation Company,

By this letter, I hereby submit a liquidated amount for the following proof(s) of claim:

Proof(s) of Claim Number

9072

Liquidated Amount (Unsecured)

\$500,000.00 / (\$5 million) *SLR*

I understand and acknowledge that submission of this letter does not constitute allowance of the above-described proof(s) of claim, and that the Debtors reserve all rights with respect to these claims. I further acknowledge that upon receipt of this letter, the Debtors will direct their claims agent to update the official claims register with the liquidated amount provided in this letter for the corresponding proof(s) of claim listed above.

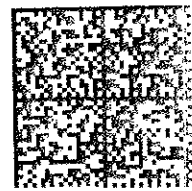
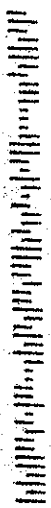
Very truly yours,

[Signature]
x *[Signature]*
Print Name

Address

City and State

[Signature]
[Signature]
1571 N. ...
NIMMER FALLS, New York 14221



neopost

0-9082040941

\$00.880

05/25/2010

Mailed From 75201

US POSTAGE

Motors Liquidation Company
2101 Cedar Springs Road, Suite 1100
Dallas, Texas 75201

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGRA FALLS, NY 14301

VIA FIRST CLASS MAIL

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGRA FALLS, NY 14301

**Re: In re Motors Liquidation Company, et al. (f/k/a/ General Motors Corporation, et al.) Case
No.: 09-50026 (REG)**

Dear Claimant,

Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors (collectively, "MLC") are in receipt of the following proof(s) of claim that you filed against MLC in an unspecified and unsecured amount:

Creditor Name

SHARYL Y CARTER

Claim Number(s):

7020

The purpose of this letter is to request that you provide MLC with a liquidated amount for your proof(s) of claim against MLC. If you do not provide us with a liquidated amount for your proof(s) of claim, MLC may be compelled to pursue liquidation of your proof(s) of claim in the Bankruptcy Court through an objection or other available procedures. If you wish to provide MLC with a liquidated amount for your proof(s) of claim, please fill out the enclosed Claim Liquidation Letter and return it to MLC at the address indicated in the top left hand corner of the letter no later than June 18, 2010. Please attach any relevant documentation to your Claim Liquidation Letter.

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Should you have any questions about this matter, please contact MLC at 1-800-414-9607 or by e-mail at claims@motorsliquidation.com.

Sincerely,
Motors Liquidation Company

Enclosure

VIA EMAIL AND FIRST CLASS MAIL

Motors Liquidation Company
Attn: Claims Team
2101 Cedar Springs Road
Suite 1100
Dallas, TX 75201
claims@motorsliquidation.com

Re: In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) –
Claim Liquidation Letter

Dear Motors Liquidation Company,

By this letter, I hereby submit a liquidated amount for the following proof(s) of claim:

Proof(s) of Claim Number

7020

Liquidated Amount (Unsecured)

\$5,000,000.00 (\$5 million) SJC

I understand and acknowledge that submission of this letter does not constitute allowance of the above-described proof(s) of claim, and that the Debtors reserve all rights with respect to these claims. I further acknowledge that upon receipt of this letter, the Debtors will direct their claims agent to update the official claims register with the liquidated amount provided in this letter for the corresponding proof(s) of claim listed above.

Very truly yours,

x Sheryl Z. Carter
Print Name Sheryl Z. Carter
Address 1541 Lusk Ave #1
City and State Mingus Falls, New York 12131

04-120-40941

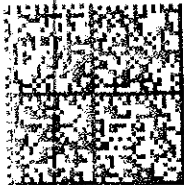
\$0.880

05/05/2010

initiated from 75201

US POSTAGE

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5/8/10

Motors Liquidation Company
2101 Cedar Springs Road, Suite 1100
Dallas, Texas 75201

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGARA FALLS, NY 14301

VIA FIRST CLASS MAIL

SHARYL Y CARTER
1541 LASALLE AVE #1
NIAGARA FALLS, NY 14301

**Re: In re Motors Liquidation Company, et al. (f/k/a/ General Motors Corporation, et al.) Case
No.: 09-50026 (REG)**

Dear Claimant,

Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors (collectively, "MLC") are in receipt of the following proof(s) of claim that you filed against MLC in an unspecified and unsecured amount:

Creditor Name

SHARYL Y CARTER

Claim Number(s):

14901

The purpose of this letter is to request that you provide MLC with a liquidated amount for your proof(s) of claim against MLC. If you do not provide us with a liquidated amount for your proof(s) of claim, MLC may be compelled to pursue liquidation of your proof(s) of claim in the Bankruptcy Court through an objection or other available procedures. If you wish to provide MLC with a liquidated amount for your proof(s) of claim, please fill out the enclosed Claim Liquidation Letter and return it to MLC at the address indicated in the top left hand corner of the letter no later than June 18, 2010. Please attach any relevant documentation to your Claim Liquidation Letter.

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Should you have any questions about this matter, please contact MLC at 1-800-414-9607 or by e-mail at claims@motorsliquidation.com.

Sincerely,
Motors Liquidation Company

Enclosure

VIA EMAIL AND FIRST CLASS MAIL

Motors Liquidation Company
Attn: Claims Team
2101 Cedar Springs Road
Suite 1100
Dallas, TX 75201
claims@motorsliquidation.com

Re: In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) –
Claim Liquidation Letter

Dear Motors Liquidation Company,

By this letter, I hereby submit a liquidated amount for the following proof(s) of claim:

Proof(s) of Claim Number


14901

Liquidated Amount (Unsecured)

~~\$5,000,000.00~~ (\$5 million) SLP
(\$5 million)

I understand and acknowledge that submission of this letter does not constitute allowance of the above-described proof(s) of claim, and that the Debtors reserve all rights with respect to these claims. I further acknowledge that upon receipt of this letter, the Debtors will direct their claims agent to update the official claims register with the liquidated amount provided in this letter for the corresponding proof(s) of claim listed above.

Very truly yours,


Print Name SHARI J. CARTER
Address 1574 WASHINGTON AVE #1
City and State Niagara Falls, New York 14201

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

Sent to HONORABLE ROBERT G. BERKER
United States Bankruptcy Ct Southern District NY
 Street, Apt. No. or PO Box No. ONE Building, Green Room 621
 City, State, ZIP+4 NEW YORK, NEW YORK 10004

PS Form 3800, August 2006 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> |
| <p>1. Article Addressed to:</p> <p><u>HONORABLE ROBERT G. BERKER</u> <u>United States Bankruptcy Ct Southern District of New York</u> <u>ONE Building, Green Room 621</u> <u>NEW YORK, NEW YORK 10004</u></p> | <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | |

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| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

Sent to Motors Liquidation Company
ATTN: CLAIMS TEAM
 Street, Apt. No. or PO Box No. 2101 Cedar Springs Rd, Suite 1100
 City, State, ZIP+4 DALLAS TEXAS 75201

PS Form 3800, August 2006 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p><u>Motors Liquidation Company</u> <u>ATTN: CLAIMS TEAM</u> <u>2101 Cedar Springs Rd, Suite 1100</u> <u>DALLAS TEXAS 75201</u></p> | <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | |