

American Airlines Medical Substantiation Requirement Form - Section B

This section to be completed by employee:

Employee's Statement (Please Print)

Name Michelle Washington Employee # 691602
 Exact Job Type Reserv rep. Manager Ernest Lyons
 Dates of Absence 5.21.09

I hereby authorize my physicians or the person who has attended, examined, or treated me, or any clinic, hospital, institution, company, or Federal, State, or municipal agency, office or bureau which may have information concerning my medical condition as defined below, to release to the Medical Director of American Airlines or his medical representative any available information or records concerning my present medical condition in their knowledge or possession.

[Signature] Date 6.24.10
 Employee's Signature

This Section must be completed ONLY by the Treating Health Care Provider

1) Specific medical diagnosis and/or procedure with ICD 9 code or DSM code Brain hemorrhage/HTN/weakness: 430/437.01
 2) Initial dates of Treatment for this condition 5/21/09 Is this a Workers' Comp Claim? Yes ___ No Depression 401.1/780.79/311
 2a) If this is a Workers' Comp claim, did the injury occur at AA? Yes ___ If no, please provide other employer's name _____
 3) Date of last appointment 06/10/10 4) Date of next Doctor's appointment 07/1-12/10
 5) Current Treatment including Medications Stenolol, Citalopram, Neurontin
 6) RECENT Pertinent Laboratory, objective Medical testing and diagnostic results (DATE, TEST, RESULT) _____

7) Therapy (Advise frequency for PT, OT and Mental Health Therapy) ___ No Yes Start Date 7/23/09 Frequency monthly and prn as needed
 8) Rate Patient compliance with all treatment: GOOD FAIR POOR OTHER _____
 9) Current activity / ADL restrictions: (Check all that apply)
 Are restrictions temporary _____ or permanent _____ Reached MMI ___ Yes ___ No

<p>POSTURE RESTRICTIONS (if any):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Max Hours per day:</td> <td>≤1</td> <td>≤2</td> <td>≤4</td> <td>≤6</td> <td>≤8</td> <td>Never</td> </tr> <tr> <td>Standing</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sitting</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Kneeling/Squatting</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bending/Stooping</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pushing/Pulling</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Twisting</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Max Hours per day:	≤1	≤2	≤4	≤6	≤8	Never	Standing							Sitting							Kneeling/Squatting							Bending/Stooping							Pushing/Pulling							Twisting							Other:							<p>MOTION RESTRICTIONS (if any):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Max Hours per Day</td> <td>≤1</td> <td>≤2</td> <td>≤4</td> <td>≤6</td> <td>≤8</td> <td>Never</td> </tr> <tr> <td>Walking</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Climb stairs/ladders</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Grasp/Squeeze</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wrist flex/extension</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Reaching</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Overhead Reaching</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Keyboarding</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Max Hours per Day	≤1	≤2	≤4	≤6	≤8	Never	Walking							Climb stairs/ladders							Grasp/Squeeze							Wrist flex/extension							Reaching							Overhead Reaching							Keyboarding							Other:							<p>MISC RESTRICTIONS (if any):</p> <p><input type="checkbox"/> Sit/Stretch breaks of _____ per _____ hours/day work: <input type="checkbox"/> No work/ _____ hours/day work: <input type="checkbox"/> at altitude up to 8,000 ft <input type="checkbox"/> at heights or on scaffold/in</p> <p>MEDICATION RESTRICTIONS (if any):</p> <p><input type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)</p> <p>OTHER RESTRICTIONS (if any): (eg. Mood or Affect) _____ _____</p>
Max Hours per day:	≤1	≤2	≤4	≤6	≤8	Never																																																																																																																			
Standing																																																																																																																									
Sitting																																																																																																																									
Kneeling/Squatting																																																																																																																									
Bending/Stooping																																																																																																																									
Pushing/Pulling																																																																																																																									
Twisting																																																																																																																									
Other:																																																																																																																									
Max Hours per Day	≤1	≤2	≤4	≤6	≤8	Never																																																																																																																			
Walking																																																																																																																									
Climb stairs/ladders																																																																																																																									
Grasp/Squeeze																																																																																																																									
Wrist flex/extension																																																																																																																									
Reaching																																																																																																																									
Overhead Reaching																																																																																																																									
Keyboarding																																																																																																																									
Other:																																																																																																																									

} No activity at all

10) Do you expect employee to return to work in his/her previous position? Yes ___ No *Advise to apply disability!*
 11) Expected return to work date _____ Have you reviewed Patient job description? Yes ___ No ___
 (Have you included? - office progress notes, Lab reports, diagnostic reports, Plan of Treatment, other:)
 Treating Physician/Health Care Provider (print name) Ray T. Chung *& evaluation on disability yearly and recommend it to be assessed also by the specialist, neurologist.*
 Specialty/Type of Practice: Int. Medicine
 Physician/Health Care Provider Phone Number: 817-311-0240 Fax: 817-417-5608

By signing this form, you are certifying you are the treating provider for this condition.
 Physician/Health Care Provider Signature [Signature] Date 10/21/10
Health Care Provider: Please Fax Forms A & B to AA Medical at (817) 931-7540

**GENERAL MOTORS CORPORATION
GM TRUCK GROUP**

DEPOSIT NO.	PAY ENDING DATE	SOCIAL SECURITY NO.	PLANT	DEPT.	CLOCK	SHIFT	RATE	COLA
0000465	09/21/2003	66-1670	000	25	18261	1	24.160	2.05

STATEMENT OF EARNINGS and DEDUCTIONS

DETACH AND RETAIN THIS RECORD

CURRENT PAY	HOURS	AMOUNT
STRAIGHT TIME	53.10	1391.76
OVERTIME PREM	6.55	171.68
PSP PRE-TAX		-15.63
GROSS PAY		1547.81
YEAR TO DATE	1821.40	50852.62
C/W INS II		16.57
YTD INS II		53.01
PSP PRE-TX YTD		503.49
VACA ENT BAL	53.00	
VAC/WKS = 35		

DEDUCTIONS	AMOUNT	YEAR-TO-DATE	REMAI BALA
FICA TAX SS	97.96	3184.08	
FICA TAX HI	22.91	749.67	
FEDERAL TAX	179.16	4915.85	
PSP LOAN	23.69	923.91	
PSP LOAN	28.68	1118.52	
PSP LOAN	26.70	1041.30	
TOTAL DEDUCTS	379.10		
NETPAY	1168.71		

This pay includes a cost-of-living allowance based upon existing corporation policy, added to base rate and included in night shift, overtime, and other premium payments.

The hours will be used in the calculation of credited service at year end.

FICA ON TXBL BENEFITS INCLUDED IN FICA DEDUCT \$1.27

THINKING OF BUYING A NEW HOME OR FINANCING IMPROVEMENTS? ONE CALL CONNECTS GM FAMILY MEMBERS TO A VARIETY OF HOME FINANCING SOLUTIONS THROUGH GM FAMILY FIRST. CALL 1-800-964-GMAC.



**GENERAL MOTORS CORPORATION
GM TRUCK GROUP
ARLINGTON, TX 76010-1390**

Deposit Date: 09/26/2003

Deposit Amount: *****1,168.71

DEPOSIT BANK: 311977026

BANK ACCOUNT NO: 0017313289

EMPLOYEE NAME: MICHELLE R. WASHINGTON

IN ACCORDANCE WITH YOUR INSTRUCTIONS A DEPOSIT HAS BEEN MADE ON THE DATE INDICATED TO THE BANK ACCOUNT DESIGNATED BY YOU IN THE AMOUNT OF NET PAY REFLECTED ON THE ATTACHED STATEMENT OF EARNINGS AND DEDUCTIONS. NOTIFY YOUR PAYROLL DEPARTMENT IMMEDIATELY IN THE EVENT OF A CHANGE IN BANK ACCOUNT NUMBER.





PAYER'S name, street address, city, state, ZIP code, and telephone no.

GENERAL MOTORS CORPORATION
c/o EQUISERVE TRUST COMPANY, N.A.
P.O. BOX 43009
PROVIDENCE, RI 02940-3009
800-331-9922

CORRECTED (if checked)

1a Total ordinary dividends \$ 24.00	1b Qu: \$
2a Total capital gain distr. \$ 0.00	2b Unr \$
2c Section 1202 gain \$ 0.00	2d Col \$
3 Nontaxable distributions \$ 0.00	4 Fede \$
5 Investment expenses \$ 0.00	6 Forei \$
7 Foreign country or U.S. possession	8 Cast \$
9 Noncash liquidation distributions \$ 0.00	PAYEF
RECIPIENT'S identification number 1670	Accou 401

H017 267 DM,1-5,10Z,100,MDT 80282 80282 1 1-----
HV400005,JA1435,0001,80282 40001000043271303 CHKDIV99 XMIT 023

RECIPIENT'S name, street address, city, state, and ZIP code

MICHELLE R WASHINGTON
PO BOX 6603
ARLINGTON, TX 76005-6603

Form 1099-DIV (keep for your records)

GENERAL MOTORS CORPORATION

Issue	Issue ID	Record Date	Payable Date	Record Date Shares	Dividend Rate	G AI
COMMON	400010	02/13/2004	03/10/2004	12.0000	\$0.50000	\$1
COMMON	400010	05/14/2004	06/10/2004	12.0000	\$0.50000	\$1
COMMON	400010	08/13/2004	09/10/2004	12.0000	\$0.50000	\$1
COMMON	400010	11/08/2004	12/10/2004	12.0000	\$0.50000	\$1

Current Dividend Check Number: 600341283

Year-To-Date Paid \$2



IMPORTANT TAX RETURN DOCUMENT ATTACHED



**GENERAL MOTORS CORPORATION
M TRUCK GROUP**

DRAFT NO.	PAY ENDING DATE	SOCIAL SECURITY NO.	PLANT	DEPT.	CLOCK
1465548	08/14/2005	***-**-4670	000	25	18261

STATEMENT OF EARNINGS and DEDUCTIONS

DETACH AND RETAIN THIS RECORD

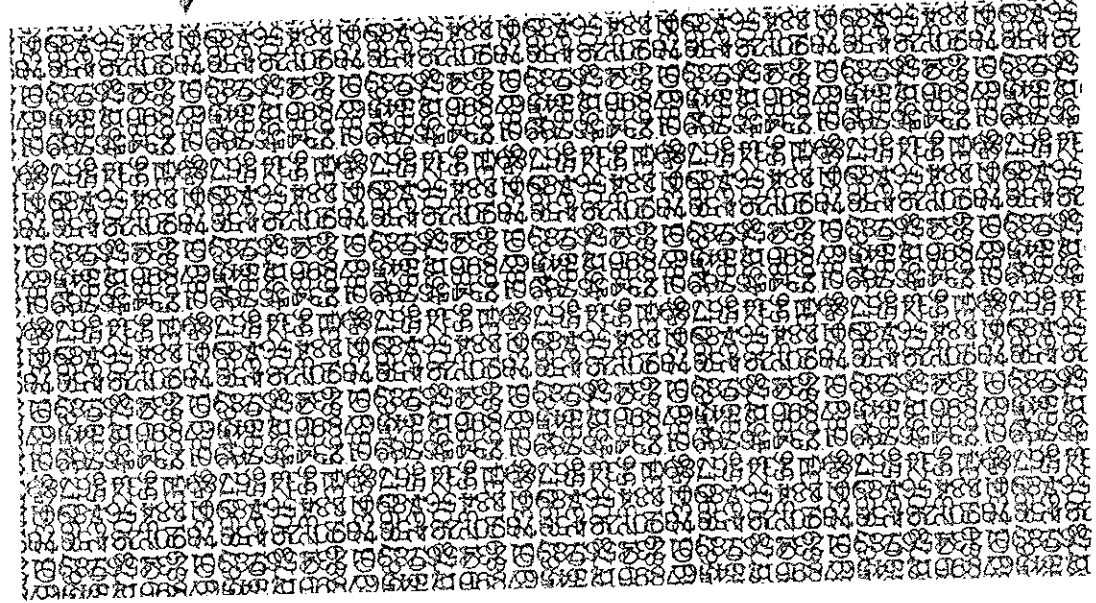
CURRENT PAY	HOURS	AMOUNT
STRAIGHT TIME	41.70	1132.15
OVERTIME PREM	8.5	23.08
PSP PRE-TAX		-11.55
GROSS PAY		1143.68
YEAR TO DATE	1128.70	30396.50
YTD INS II		6.65
PSP PRE-TX YTD		504.99
VACA ENT BAL	45.50	
VAC/WKS = 25		

DEDUCTIONS	AMOUNT
FICA TAX SS	71
FICA TAX HI	14
FEDERAL TAX	73
DEP LIFE CURR	
DEP LIFE ADJ	-1
OPT LIFE CURR	13
PSP LOAN	23
PSP LOAN	23
PSP LOAN	23
PSP LOAN	71
TOTAL DEDUCTS	324
NETPAY	819

This pay includes a cost-of-living allowance based upon existing corporation policy, added to base rate and included in night shift, overtime, and other premium payments.

The hours will be used in the calculation of credited service at year end.

REMOVE DOCUMENT ALONG THIS PERFORATION



CO FILE DEPT. CLOCK NUMBER 237
 GMA 043437 018008 0000246048 1

GM BENEFITS & SERVICES CENTER
 P.O. BOX 5157
 SOUTHFIELD, MI 48086-5157

Taxable Marital Status: Single
 Exemptions/Allowances: 9
 Federal: No State Income Tax
 TX:

Earnings Statement

Explanation of Benefits
 Period Ending: 11/27/2005
 Pay Date: 12/02/2005



MICHELLE R WASHINGTON
 PO BOX 6603
 ARLINGTON TX 76005

Earnings	rate	hours	this period	year to date
Std Taxable			625.00	6,625.00
			Gross Pay \$625.00	6,625.00

Deductions	Statutory	rate	hours	this period	year to date
Federal Income Tax		-2.02			20.20
Social Security Tax		-38.75			410.75
Medicare Tax		-9.06			96.06
				Net Pay \$575.17	

Your federal taxable wages this period are \$625.00

GROSS BENEFIT 625.00

OFFSETS

Offset Description	This Period
Social Security	.00
Estimated Social Security	.00
Workers Compensation	.00
Pension	.00
Estimated Pension	.00
VDI/SDI	.00
STD/Salary Continuation	.00
Leave	.00
Overpayment	.00
Holiday Pay	.00
Other	.00
Net Gross	625.00

Date Of Disability 09/12/2005
 From Date 11/21/2005
 Through Date 11/27/2005
 Estimated RTW 10/10/2005
 Claim Number A518129870000101 000

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending 20

OMB No. 1545-0074

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

L A B E L	Your first name and initial Michelle R	Last name Washington	Your social security number 602-17-4670
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
H E R E	Home address (number and street). If you have a P.O. box, see page 16. 627 Campolina Dr		Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. Grand Prairie TX 75052		

You must enter your SSN(s) above. Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

4 Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 19)
Shekia	Washington	602-08-546	Daughter	<input checked="" type="checkbox"/>

Boxes checked on 6a and 6b: 1

No. of children on 6c who:

- lived with you: 1
- did not live with you due to divorce or separation (see page 20): 0

Dependents on 6c not entered above: 0

Add numbers on lines above: 2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2: 154,438

8a Taxable interest. Attach Schedule B if required

8b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

9b Qualified dividends (see page 23)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ: (16,664)

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions: 15a Taxable amount (see page 25)

16a Pensions and annuities: 16a Taxable amount (see page 26): 49,754

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits: 20a Taxable amount (see page 27)

21 Other income

22 Add the amounts in the far right column for lines 7 through 21. This is your total income: 181,393

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853: 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ: 24

25 Health savings account deduction. Attach Form 8889: 25

26 Moving expenses. Attach Form 3903: 26

27 One-half of self-employment tax. Attach Schedule SE: 27

28 Self-employed SEP, SIMPLE, and qualified plans: 28

29 Self-employed health insurance deduction (see page 29): 29

30 Penalty on early withdrawal of savings: 30

31a Alimony paid b Recipient's SSN: 31a

32 IRA deduction (see page 31): 32

33 Student loan interest deduction (see page 33): 33

34 Jury duty pay you gave to your employer: 34

35 Domestic production activities deduction. Attach Form 8903: 35

36 Add lines 23 through 31a and 32 through 35: 36

37 Subtract line 36 from line 22. This is your adjusted gross income: 181,393

1099 Detail Listing

2006

Name(s) as shown on return

Social Security No.

Michelle R Washington

-4670

T/S	Payer Name	Gross	FEDERAL		Distribution Code	Federal WH	STATE	
			Taxable				Taxable	State WH
T	Fidelity Invest	42,054	42,012	1		4,113	TX	
T	AllState Life I	7,700	1,607	1				
T	PFS Investments	1,309	1,309	1			TX	
T	PFS Investments	658	658	1				
T	PFS Investments	658	658	1				
Totals		52,379	46,244			4,113		

W-2 Detail Listing

2006

Name(s) as shown on return

Social Security No.

Michelle R Washington

1- -4670

T/S	Employer Name	FEDERAL			STATE	
		Gross	W/H	State Code	Gross	W/H
T	GENERAL MOTORS	141,322	35,307		141,322	
T	SCMS ADMINISTRATIVE SERVICES	8,875	3		8,875	
T	AMERICAN AIRLINES INC	4,241	245		4,241	
Totals		154,438	35,555		154,438	

HEARING DATE AND TIME: October 21, 2010 at 9:45 a.m. (Eastern Time)
 OBJECTION DEADLINE: October 14, 2010 at 4:00 p.m. (Eastern Time)

UNITED STATES BANKRUPTCY COURT
 SOUTHERN DISTRICT OF NEW YORK

In re

MOTORS LIQUIDATION COMPANY, *et al.*,
f/k/a General Motors Corp., et al.

Debtors.

Chapter 11 Case No.

09-50026 (REG)

(Jointly Administered)

**NOTICE OF HEARING TO CONSIDER APPROVAL
 OF DEBTORS' PROPOSED DISCLOSURE STATEMENT
 WITH RESPECT TO DEBTORS' JOINT CHAPTER 11 PLAN**

TO: ALL HOLDERS OF CLAIMS AGAINST AND INTERESTS IN THE DEBTORS SET FORTH
 BELOW:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in the Past 8 Years
Motors Liquidation Company (<i>f/k/a General Motors Corporation</i>)	09-50026	38-0572515	General Motors Corporation GMC Truck Division NAO Fleet Operations GM Corporation GM Corporation-GM Auction Department National Car Rental National Car Sales Automotive Market Research
MLCS, LLC (<i>f/k/a Saturn, LLC</i>)	09-50027	38-2577506	Saturn, LLC Saturn Corporation Saturn Motor Car Corporation GM Saturn Corporation Saturn Corporation of Delaware Saturn Distribution Corporation
MLCS Distribution Corporation (<i>f/k/a Saturn Distribution Corporation</i>)	09-50028	38-2755764	
MLC of Harlem, Inc. (<i>f/k/a Chevrolet-Saturn of Harlem, Inc.</i>)	09-13558	20-1426707	Chevrolet-Saturn of Harlem, Inc.
Remediation and Liability Management Company, Inc.	09-50029	38-2529430	Uptown Land Development Corporation
Environmental Corporate Remediation Company, Inc.	09-50030	41-1650789	GM National Hawaii, Inc. NCRS Hawaii, Inc.