

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

WITHDRAWAL OF CLAIM

Debtor Name and Case Number: <p align="center">OCT 21 2010</p>	<input type="checkbox"/> Motors Liquidation Company, Case No. 09-50026 <input type="checkbox"/> MLC of Harlem, Inc., Case No. 09-13558 <input type="checkbox"/> MLCS, LLC, Case No. 09-50027 <input type="checkbox"/> MLCS Distribution Corporation, Case No. 09-50028 <input type="checkbox"/> Remediation and Liability Management Company, Inc., Case No. 09-50029 <input type="checkbox"/> Environmental Corporate Remediation Company, Inc., Case No. 09-50030
Creditor Name and Address:	Honeywell Consumer Products Group 39 Old Ridgebury Road Danbury, CT 06810
Claim Number (if known):	#1237
Date Claim Filed:	8/28/09
Total Amount of Claim Filed:	\$1,156,430.17

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: _____

10/18/10



Print Name: George DiRado

Title (if applicable): C.F.O.

UNITED STATES BANKRUPTCY COURT 503(b)9 Administrative Claim		PROOF OF CLAIM 503(b)9
Name of Debtor General Motors Corporation		Case Number
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may 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) Honeywell Consumer Products Group		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim
Name and address where notices should be sent 39 Old Ridgebury Road Danbury, CT 06801		Court Claim Number _____ (if known)
Telephone number (203) 830-2545 Paula Conway		Filed on _____
Name and address where payment should be sent (if different from above) <div style="text-align: center;"> FILED - 01237 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG) </div>		<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. \$ 1,156,430.17		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
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. <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.		
2 Basis for Claim Goods Sold (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)
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)		<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)
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.		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5)
Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe _____		<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)
Value of Property \$ _____ Annual Interest Rate _____ %		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8)
Amount of arrearage and other charges as of time case filed included in secured claim, if any \$ _____ Basis for perfection _____		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____)
Amount of Secured Claim \$ _____ Amount Unsecured \$ _____		Amount entitled to priority \$ _____
6 Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim		*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.
7 Documents Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of 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 SCANNING If the documents are not available, please explain _____		
Date 8-26-09	Signature The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or the 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. Paula Conway - Senior Revenue Analyst	
		FOR COURT USE ONLY

