

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

WITHDRAWAL OF CLAIM

RECEIVED
JAN 11 2009
U.S. BANKRUPTCY COURT, SDNY

Debtor Name and Case Number:	<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 checked="" 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:	AUDITOR OF STATE UNCLAIMED PROPERTY DIVISION PO BOX 251906 LITTLE ROCK, AR 72225-1906
Claim Number (if known):	3114
Date Claim Filed:	10/5/2009
Total Amount of Claim Filed:	Unliquidated

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: 1-5-11



Print Name: ROB SCOTT

Title (if applicable): UCP MANAGER

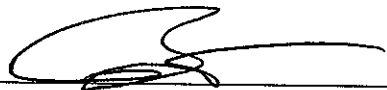
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Creditor Name and Address:	ARKANSAS AUDITOR OF STATE'S OFFICE UNCLAIMED PROPERTY DIVISION PO BOX 251906 LITTLE ROCK, AR 72225-1906
Claim Number (if known):	3115
Date Claim Filed:	10-5-09
Total Amount of Claim Filed:	UNKNOWN

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: 1-5-11

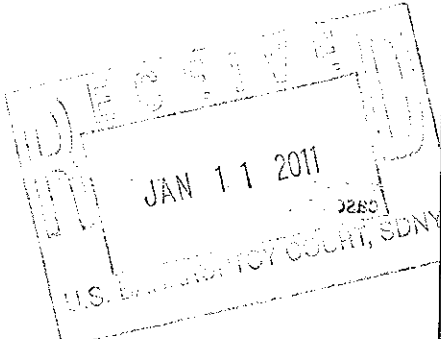


Print Name: Rob Scott

Title (if applicable): UCP MANAGER


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WITHDRAWAL OF CLAIM

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Creditor Name and Address:	AUDITOR OF STATE UNCLAIMED PROPERTY DIVISION PO BOX 251906 LITTLE ROCK, AR 72225-1906
Claim Number (if known):	3116
Date Claim Filed:	10/5/2009
Total Amount of Claim Filed:	Unliquidated

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: 1-5-11



Print Name: ROB SCOTT

Title (if applicable): UCP MANAGER