

JUDY H. HASSELL
Chief Deputy

Telephone (205) 481-4131

Fax Transmissions
Only
(205) 481-4207



BESSEMER DIVISION
P.O. Box 1190
Bessemer, Alabama 35021-1190

GROVER DUNN
ASSISTANT TAX COLLECTOR - JEFFERSON COUNTY
March 10, 2010

US Bankruptcy Court
Chapter 11, Clerk
One Bowling Green
New York, NY 10004-1408

RE: Motors Liquidation Company (fka General Motors Corp.)
Bankruptcy Case No. 09-50026 REG)
Parcel ID: 90-37-505829.010-PP
90-37-505829.020-PP



Gentlemen:

Please withdraw the claims that were filed for 2009 taxes on the above referenced parcels. (Copy of Claims Enclosed). The 2009 taxes have been paid.

Thank you for your assistance in this matter.

Sincerely,

Grover Dunn
Assistant Tax Collector
Bessemer Division

GD:eb

Enclosure

Copy to: The Garden City Group, Inc.



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):
Motors Liquidation Company (fka General Motors Corporation)
MLCS, LLC (fka Saturn, LLC)
MLCS Distribution Corporation (fka Saturn Distribution Corporation)
MLC of Harlem, Inc. (fka Chevrolet-Saturn of Harlem, Inc.)

Case No.
09-50026 (REG)
09-50027 (REG)
09-50028 (REG)
09-13558 (REG)

Your Claim is Scheduled As Follows:
Motors Liquidation Company
Priority: \$0.00
Contingent / Unliquidated

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) or § 503(c)(2). All other requests for payment of an administrative expense should be pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): JEFFERSON COUNTY TAX COLLECTOR

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

Name and address where notices should be sent:
JEFFERSON COUNTY TAX COLLECTOR
ATTN: LEGAL OFFICER / BANKRUPTCY DEPT.
PO BOX 1190
GROVER DUNN, ASSISTANT TAX COLLECTOR
BESSEMER, AL 35021-1190

Court Claim Number: _____
(If known)
Filed on: _____

Telephone number:
Email Address: (205) 481-4131

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

Name and address where payment should be sent (if different from above)

Check this box if you are the debtor or trustee in this case.



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, you are not required to file this proof of claim form. EXCEPT AS FOLLOWS: If the amount shown is listed as DISBURSED FOR DEBTS BY COURT ORDER, a portion of your claim will be taken under to receive any distribution in respect of your claim. If you have already filed a proof of claim, please comply with the attached instructions you received previously.

Telephone number:

1. Amount of Claim as of Date Case Filed, June 1, 2009: \$12.37
Full or part of your claim is secured, complete item 2 below, however, if all of your claims are unsecured, do not complete item 2. Full or part of your claim is entitled to priority, complete item 3. Full or part of your claim is assigned pursuant to 11 U.S.C. § 541(c)(2) or otherwise, item 5.

Check this box if claim includes tax or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: 2009 Ad Valorem Tax
See instruction #2 on reverse side.

3. Last four digits of any number by which creditor identifies debtor: 8442
2009 BILZ # 318442 PARCEL ID 90-37-505829.020-PP UNIT # 52-0
3a. Debtor may have scheduled account as:
(See instruction #5a 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: \$ _____

Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of 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 billing 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 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.

Date: 10/22/09
Jefferson County Asst Tax Collector

Grover Dunn

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(es) and the amount.

Special priority claims

Wages, salaries, or commissions earned by an individual within 90 days before the filing of the bankruptcy petition, whichever is earlier. 11 U.S.C. § 507(c)(4).

Contributions to an employee benefit plan. 11 U.S.C. § 507(c)(5)

Up to \$2,425 of deposits toward purchase, lease, or rental of property or services to personal, family, or household use. 11 U.S.C. § 507(c)(6)

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(c)(8)

Value of goods received by the Debtor within 20 days before the date of commencement of the case. 11 U.S.C. § 507(c)(9)(A) & 507(c)(10)

Other. Specify applicable paragraph of 11 U.S.C. § 507(c) _____

Amount entitled to priority:

\$ 12.37

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

COPY FOR ACKNOWLEDGEMENT



