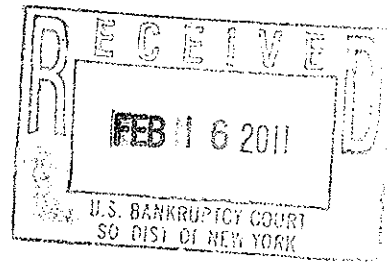


February 8, 2011



VIA FEDERAL EXPRESS

Hon. Robert E. Gerber
United States Bankruptcy Court
Southern District of New York
Alexander Hamilton Custom House
One Bowling Green
New York City, NY 10004

**RE: Creditors: Salvatore and Vivian Sciortino
Debtor: General Motors Corporation, et al.
Claim No. 58688 Motors Liquidation Co., GMC Chapter 11
Case No. 0950026 REG (Pension Benefits of Former Employees)**

Dear Judge Gerber:

We are creditors in the bankruptcy proceeding filed by General Motors Corporation ("General Motors"). Our names are Salvatore Sciortino and Vivian Sciortino. I have been also referred to as Sam Sciortino or Samuel Sciortino, in addition to Salvatore Sciortino, in various legal documents. Also, we currently reside together as husband and wife at 461 Chambers Street, Spencerport, New York 14559, and previously resided at 2502 South Union Street, Spencerport, New York 14559.

We are representing ourselves, *pro se*, and request that you file this correspondence as our objection to the recently issued Notice of Debtors 188th Omnibus Objection to Claims which response is required by February 22, 2011. Our understanding is that a hearing date has been scheduled before Your Honor for March 1, 2011. We previously submitted a Proof of Claim form and supporting documentation on or around November 23, 2009, a copy of which is enclosed herewith, and have been consistently corresponding with the Court since that time.

Please be advised that I, Salvatore Sciortino, have retired through General Motors and have remained eligible for total and permanent disability as a result of an approved disability claim with General Motors. The disability claim is a result of a work-related injury at the Rochester Products, Inc. plant formerly located on Lee Road in Rochester, New York, which then became Delphi. Following this injury, I have consistently been on an uninterrupted worker's compensation/permanent disability leave.

The purpose of my objection is based upon the ground that General Motors should remain liable for my injury sustained on the job and continue payment of all retirement pension benefits including disability and workers compensation. Said combined benefits should continue uninterrupted until a determination is made by the

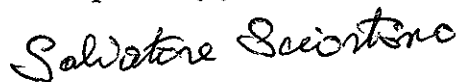
Workers Compensation Board with regard to ineligibility and, respectfully, not by any other court or persons. My understanding is that the ERISA Insurance Retirement Pension Protection benefits that are to take affect do not guarantee employment, retirement or disability rights. I respectfully request that this Court not discharge any contract entered into prior to the bankruptcy, specifically my workers compensation, disability, and pension benefit contract, until the disability has been terminated. My case is open, I am receiving disability benefits, and my disability has not terminated whatsoever. I contend that you will agree that any termination should be within the jurisdiction of the Workers Compensation Board of the State of New York and not any other court or persons.

As indicated, I enclose with this letter a copy of my November 23, 2009 correspondence as well as the Proof of Claim and enclosures which indicate that my current monthly pension benefit is a gross amount of \$654.36, and net payment is \$601.36 following deductions. My weekly worker's compensation disability benefits are set at \$135.00 per week. I should be permitted to remain eligible for health care benefits including medical, dental, and vision, and not subject to any termination by the result of the bankruptcy court filing by General Motors. In addition, I have enclosed copies of all of my stock certificates I obtained during my employment with General Motors. All of the workers compensation, disability, and pension benefits should all be honored and not discharged as a result of the bankruptcy filing.

It is for this full value that we hereby object to any discharge, disallowance, or expungement of our legal claims. By copy of this letter correspondence with enclosures to the Garden City Group, Inc., Attention Motorists Liquidation Company Claims Processing, 5151 Blazer Parkway, Suite A, Dublin, Ohio 43017 we are providing the Garden City Group Inc. with notice of our objection as well.

Please contact us if you require any additional information or documentation and we will gladly abide by any Court Order.

Respectfully yours,



Salvatore Sciortino



Vivian Sciortino

cc: Garden City Group, Inc., Attn: Motorists Liquidation Co.



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):
 Motors Liquidation Company (E/k/a General Motors Corporation)
 MLCS, LLC (E/k/a Saturn, LLC)
 MLCS Distribution Corporation (E/k/a Saturn Distribution Corporation)
 MLC of Harlem, Inc. (E/k/a 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:

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) (see Item # 5). All other requests for payment of an administrative expense should 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): **SALVATORE SCIORTINO and Vivian Sciortino**

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

Name and address where notices should be sent:

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

SALVATORE SCIORTINO and Vivian Sciortino
 461 CHAMBERS ST
 SEENGERPORT, NY 14559-9788

Telephone number:
 Email Address:

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.

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

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

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 and you have no other claim against the Debtor, you do not need to file this proof of claim form. **EXCEPT AS FOLLOWS:** If the amount shown is listed as **DISPUTED, UNLIQUIDATED, or CONTINGENT**, a proof of claim **MUST** be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

Telephone number:

1. Amount of Claim as of Date Case Filed, June 1, 2009: \$ 14,332.32 (annually) plus \$2,475 (dental charge)
 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 asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.
 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. plus shares of stock (value)

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.

2. Basis for Claim: See attached sheet
 (See instruction #2 on reverse side.)

Specify the priority of the claim.
 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: 1158 (pension)
9344 (work. comp.)
 3a. Debtor may have scheduled account as: stock (additional value)
 (See instruction #3a on reverse side.)

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.

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

Nature of property or right of setoff: Real Estate Motor Vehicle Equipment Other
 Describe:

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

Value of Property: \$ _____ Annual Interest Rate _____ %

Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2))
 Other Specify applicable paragraph of 11 U.S.C. § 507(a)():

Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____

Amount entitled to priority:
\$ 16,807.32 plus stock value
 * 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.

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

6. Credits: The amount of all 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 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 in an attachment.

Date: 11/23/09
 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.
Salvatore Sciortino
Vivian Sciortino

FOR COURT USE ONLY

November 23, 2009

United States Bankruptcy Court
Southern District of New York
Alexander Hamilton Custom House
One Bowling Green, NYC 10004-10601

**RE: Creditors: Salvatore and Vivian Sciortino
Debtor: General Motors Corporation, et al.**

Dear Bankruptcy Court Judge or Clerk of the Court:

We are creditors in the bankruptcy proceeding filed by General Motors Corporation ("General Motors"). Our names are Salvatore Sciortino and Vivian Sciortino. I have been also referred to as Sam Sciortino or Samuel Sciortino, in addition to Salvatore Sciortino, in various legal documents. Also, we currently reside together as husband and wife at 461 Chambers Street, Spencerport, New York 14559, and previously resided at 2502 South Union Street, Spencerport, New York 14559. We provide this additional information in the event there are various legal documents with a former address from our current address.

Initially, at this time, we are representing ourselves, *pro se*. However, we understand that our son, Michael A. Sciortino, Esq., of the law firm of ChamberlainD'Amanda in Rochester, New York, has made an application to be admitted *Pro Hac Vice*, and we respectfully ask the Court to grant the application to then continue with the representation of us in the United States Bankruptcy Court with regard to this matter.

Second, we submit this statement in addition to the Proof of Claim form and all other supporting documentation attached to the form and request that the Court accept this statement in addition to the Proof of Claim and supporting documentation.

Please be advised that I, Salvatore Sciortino, have retired through General Motors and have remained eligible for total and permanent disability as a result of an approved disability claim with General Motors. My current monthly pension benefit is a gross amount of \$654.36, and net payment of \$601.36 following deductions. I am also on workers compensation disability benefits and my weekly benefits are set at \$135.00 per week. The workers compensation claim is through Sedgwick Claims Management Services, Inc. which maintains an address of P.O. Box 69, Southfield, MI. 48037-0069. It is my position that I be permitted to remain eligible for health care benefits including medical, dental,

and vision, and not subject to any termination by the result of the bankruptcy court filing by General Motors. I have also submitted the total amount that I receive annually as a result of the disability and workers compensation. Specifically, it is an annual amount of \$14,332.32, a monthly amount of \$1,094.36.

It is my position that both of these benefits should be extended and paid through the bankruptcy proceeding in addition to the dental service which I have attached which was not paid as a result. The total amount for dental services provided to me was \$2,475.00. I am also seeking payment of that claim as well.

I wish the Court to know that I have been a laborer my entire life reporting to work on a timely basis and performing all duties required of me. Specifically I worked at Rochester Products Inc. on Lee Road in Rochester, New York, which then became Delphi. Throughout my entire working career, my labor position required me to lift heavy boxes containing carburetors and canisters which were then used on the line by me and others in building these carburetors to be used in vehicles. This was hard work, and I was proud of my job and my work. Unfortunately, it seems as though I have lost my employment rights, specifically, the right to return to work, as I have not been permitted to perform even a light duty job within my restrictions. I have been disabled for many years and can substantiate this disability through the medical records submitted to the Worker's Compensation Board.

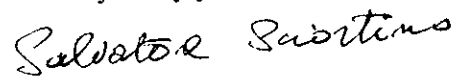
With regard to my claim, and that of my wife, Vivian Sciortino, as a Joint Tenant with a Right of Survivorship, for the par value of the issued shares of stock, to us, I enclose the following stock certificates:

1. General Motors Stock No. NE402-603 consisting of fifty (50) fully paid and non-assessable shares of the par value of one and two-thirds dollars (\$1 2/3) each of the common stock, issued to Vivian Sciortino and Sam Sciortino as Joint Tenants with Right of Survivorship and not as Tenants in Common, on February 8, 1968, and registered with Chase Manhattan Bank;
2. General Motors Stock No. NX330285 (Account No.: 17094-58256 and CUSIP No.: 370442 10 5) consisting of fifty (50) fully paid and non-assessable shares of the par value of one and two-thirds dollars (\$1 2/3) each of the common stock, issued to Vivian Sciortino and Sam Sciortino as Joint Tenants, on March 31, 1989, and registered with Morgan Shareholder Services Trust Company; and,
3. General Motors Stock No. NX944523 (Account No.: 58001 069-40-9190 and CUSIP No.: 370442 10 5) consisting of thirty (30) shares fully paid and non-assessable shares of the par value of one and two-thirds dollars (\$1 2/3) each of the common stock, issued to Salvatore Sciortino, on May 17, 1989, and registered with Morgan Shareholder Services Trust Company.

The itemized stock certificates are all submitted in addition to the other documentation referenced above, all in support of our Proof of Claim form.

Please contact us if you require any additional information or documentation and we will gladly abide by any court order.

Very truly yours,

A handwritten signature in cursive script that reads "Salvatore Sciortino".

Salvatore Sciortino

A handwritten signature in cursive script that reads "V. Sciortino".
Vivian Sciortino

cc: Michael A. Sciortino, Esq.

Sedgwick Claims Management Services, Inc
 PO Box 69
 Southfield, MI 48037-0069

DATE	CHECK AMT	CHECK NO.
09/23/2009	135.00	0001524329

PAYEE	TAX ID
SALVATORE SCIORTINO	

SCMS UNIT	PAGE
181 Sedgwick Claims Management Services	001

*001277 0001524329 00001 OF 00001 GDM 090923 1009



SALVATORE SCIORTINO
 461 CHAMBERS ST
 SPENCERPORT NY 14559

Claimant Name	Loss Date	Claim Number	SSN
SCIORTINO, SALVATORE	09/20/1981	8118119001-0001 01	
Amt Paid: 135.00 Dates: 09/14/2009 - 09/20/2009		Description: Perm. Partial-Unscheduled Comment:	



Explanation of Benefits

(THIS IS NOT A BILL)

www.deltadentalmi.com

Patient Name: **SALVATORE SCIORTINO**
 Date of Birth: **03/30/1943**
 Relationship: **SUBSCRIBER**
 Subscriber: **SALVATORE SCIORTINO**

Business/Dentist: **MAHENDRA S VORA**
 License No.: **38975 / NY (NPI: 1447351341)**
 Check No.:
 Issue Date: **09/08/2009**
 Receipt Date: **08/19/2009**
 Claim No.: **0908283109031**



GO GREEN! A NEW CONSUMER TOOLKIT FEATURE ALLOWS YOU TO STOP DELIVERY OF PAPER EXPLANATION OF BENEFITS (EOB) STATEMENTS AND INSTEAD VIEW AND PRINT EOB'S ONLINE. ONCE ENROLLED, EMAILS WILL BE SENT TO YOU WHEN NEW EOB'S ARE AVAILABLE FOR VIEWING IN CONSUMER TOOLKIT. GO TO WWW.DELTADENTALMI.COM/CONSUMERTOOLKIT AND SIGN UP TODAY!

Pay To: C = Custodial Part
 S = Subscriber
 P = Provider

Area/Tooth Code/Surface	Date of Service	Procedure Description	Submitted Amount	Maximum Approved Fee	Per Dentist Savings	Allowed Amount	Deductible / Patient Co-Pay /Office Visits	Co-Pay %	Payment	Patient Payment	Pa To
CLIENT/ID: 5470 IND. HEALTH CARE TRUST FOR UAW RETIREES OF GM PLAN: DELTA DENTAL PLAN OF MICHIGAN SUBCLIENT: 0999 IND. HEALTH CARE TRUST FOR UAW RETIREES OF GM PRODUCT:											
13		CROWN	825.00	0.00	825.00	0.00			0.00	0.00	P
POLICY CODE: AP13000, AP16002, AP21005											
14		PONTIC	825.00	0.00	825.00	0.00			0.00	0.00	P
POLICY CODE: AP21005, AP16002, AP13000											
15		CROWN	825.00	0.00	825.00	0.00			0.00	0.00	P
POLICY CODE: AP21005, AP13000, AP16002											
THE FOLLOWING POLICIES ARE APPLIED TO EXPLAIN BENEFITS PAYABLE AND ARE NOT INTENDED TO ALTER THE TREATMENT PLAN DETERMINED BY THE DENTIST AND PATIENT. AP21005 PAYMENT WAS NOT MADE FOR THIS SERVICE SINCE THE LINE ITEM WAS NOT DATED WHEN THE PREDETERMINATION WAS SUBMITTED FOR PAYMENT OR IT WAS NOT A PART OF THE ORIGINAL PREDETERMINATION REQUEST. PLEASE SUBMIT A NEW CLAIM FOR THIS SERVICE. AP16002 THE CLIENT/SUBCLIENT DENTAL COVERAGE WAS NOT IN EFFECT WHEN THIS SERVICE WAS PERFORMED OR PROCESSED FOR PREDETERMINATION. AP13000 THE ENROLLEE WAS NOT ELIGIBLE ON THIS DATE OF SERVICE/PREDETERMINATION.											
Total			2475.00	0.00	2475.00	0.00					

FOR INQUIRIES: 1-800-524-0149

CLAIMS PROCESSED BY:
 DELTA DENTAL
 P.O. BOX 30416
 LANSING, MI 48909-7916

00000000594

SALVATORE SCIORTINO
 481 CHAMBERS ST
 SPENCERPORT, NY 14559-9788

Payment for these services is determined in accordance with the specific terms of your dental plan and/or Delta Dental's agreements with its participating dentists. For inquiries regarding participating dentists, please call the number listed. Delta Dental's payment decisions do not qualify as dental or medical advice. You must make all decisions about the desirability or necessity of dental procedures and services with your dentist.

If your claim was denied in whole or in part so that you must pay some amount of the claim, upon a written request and free of charge, we will provide you with a copy of any internal rule, guideline or protocol or, if applicable, an explanation of the scientific or clinical judgment relied upon in deciding your claim. If you still believe your claim should have been paid in full, you may ask to have the claim reviewed. Your written request for a formal review must be sent within 180 days of your receipt of this EOB to the address listed. You may submit any additional materials you believe support your claim. A decision will be made no later than 60 days from the date we receive your request. If your claim is denied in whole or in part after the review, you have the right to seek to have your claim paid by filing a civil action in court within one year from the final denial.

ANTI-FRAUD TOLL-FREE HOTLINE 1-800-524-0147
 Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, you can help us lower these costs by calling our toll-free hotline. You do not need to identify yourself. Only ANTI-FRAUD calls can be accepted on this line.

GM HOURLY PENSION PLAN

Payment Type: Installment
Check Number: 00407731158
Check Date: October 1, 2009



Funding Breakdown
HOURLY PENSION PLAN \$654.36

SALVATORE SCIORTINO
Questions? Please call 1-800-489-4648

Description	Current	Year to Date
GROSS PAYMENT	\$654.36	\$7,077.00
NON-TAXABLE	\$0.00	\$533.40
MEDICAL ADJUSTMENT	\$0.00	\$11.00
UNION DUES	\$2.00	\$20.00

Description	Current	Year to Date
TAXABLE	\$654.36	\$6,543.60
MEDICAL COVERAGE	\$11.00	\$22.00
RECOVERY OF SAT BEN	\$40.00	\$400.00
NET PAYMENT	\$601.36	\$6,624.00

Did you know that you can now view and update your pension payment information online? Go to (gmbenefits.com) to view your pension payment history, change direct deposit elections and change federal and state withholding, where allowed by law. This service is not available to alternate payees under QDRO arrangements, or surviving spouses and beneficiaries receiving payments.

Sedgwick Claims Management Services, Inc
PO Box 69
Southfield, MI 48037-0069

DATE	CHECK AMT	CHECK NO.
06/04/2009	135.00	0001433283

PAYEE	TAX ID
SALVATORE SCIORTINO	

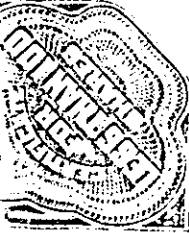
SCMS UNIT	PAGE
181 Sedgwick Claims Management Services	001

*001402 0001433283 00001 OF 00001 OPM 090603 1421



SALVATORE SCIORTINO
461 CHAMBERS ST
SPENCERPORT NY 14559

Claimant Name	Loss Date	Claim Number	SSN
SCIORTINO, SALVATORE	09/20/1984	8118119334-0001-01	
Amt Paid: 135.00 Description: Perm. Partial-Unscheduled			
Dates: 05/25/2009 - 05/31/2009 Comment:			



NE402-603



50

INCORPORATED UNDER THE LAWS

GENERAL MOTORS CORPORATION

THIS CERTIFICATE IS TRANSFERABLE IN NEW YORK, CHICAGO, DETROIT, SAN FRANCISCO, WILMINGTON, DEL., TORONTO OR MONTREAL

OF THE STATE OF DELAWARE

402603

This is to Certify that

VIVIAN SCIORTINO & SAM SCIORTINO
AS JOINT TENANTS
WITH RIGHT OF SURVIVORSHIP AND NOT
AS TENANTS IN COMMON

AUTHORIZED SIGNATURE

REGISTERED THE CHASE MANHATTAN BANK (NATIONAL ASSOCIATION)

with company

*** FIFTY ***

FULLY PAID AND NON-ASSESSABLE SHARES OF THE PAR VALUE OF ONE AND TWO-THIRDS DOLLARS EACH OF THE COMMON STOCK

of General Motors Corporation, transferable in person or by duly authorized attorney into a survivor of this Certificate properly endorsed. This Certificate and the shares represented hereby are subject to all the terms, conditions and limitations of the Certificate of Incorporation and all Amendments thereto and Supplements thereto. This Certificate is not valid until countersigned by a Transfer Clerk and registered by the Registrar. Witness the signatures of its duly authorized officers FEBRUARY 8, 1968.

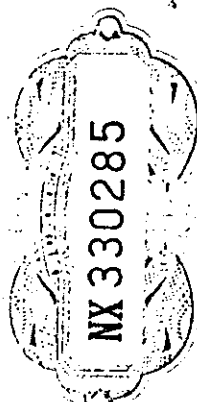
TRANSFER CLERK

Edward B. Hallance
SECRETARY

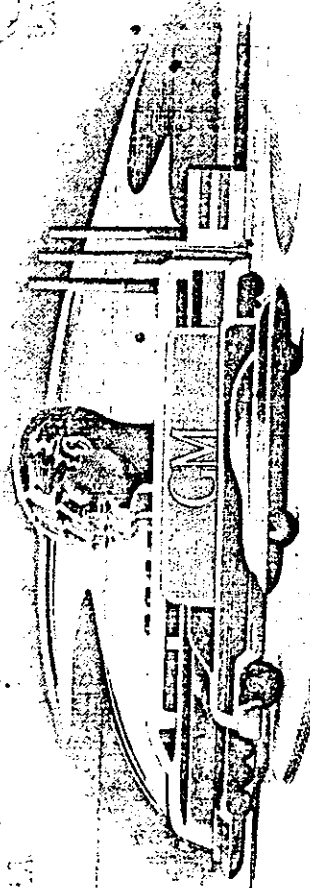
E. M. Cole
PRESIDENT

330285

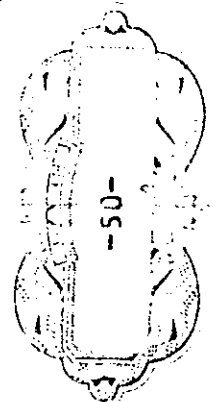
PAR VALUE \$123



NX 330285



PAR VALUE \$123



-50-

INCORPORATED UNDER THE LAWS

GENERAL MOTORS CORPORATION

OF THE STATE OF DELAWARE

17094-58256

CUSIP 370442 10 5

This is to Certify that

VIVIAN SCIORTINO & SAM
SCIORTINO JT TEN
2502 SOUTH UNION STREET
SPENCERPORT NY 14559

*50*****
*50*****
*50*****
*50*****
*50*****

is the owner of

FIFTY

FULLY PAID AND NON-ASSESSABLE SHARES OF THE COMMON STOCK

of General Motors Corporation, transferable in person or by duly authorized attorney upon surrender of this Certificate properly endorsed. This Certificate and the shares represented hereby are subject to all the terms, conditions and limitations of the Certificate of Incorporation and all amendments thereto and supplements thereof. This Certificate is not valid until countersigned by the Transfer Agent and registered by the Registrar. Witness the signatures of its duly authorized officers

Paul H. Zelenka
SECRETARY

SECRETARY

THIS CERTIFICATE IS TRANSFERABLE IN NEW YORK, TORONTO OR MONTREAL

MAR 31, 1989

Raymond B. Smith
CHAIRMAN OF THE BOARD

COUNTERSIGNED AND REGISTERED:
MORGAN SHAREHOLDER SERVICES TRUST COMPANY

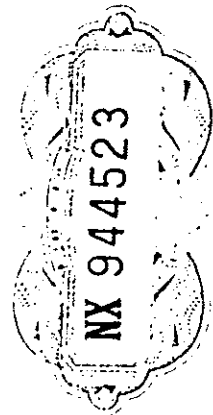
BY

Lore H. Pine

TRANSFER AGENT
AND REGISTRAR

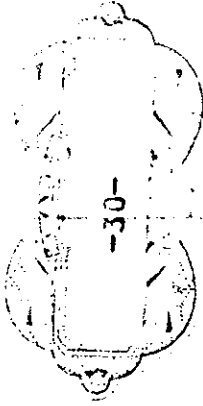
AUTHORIZED OFFICER

PAR VALUE \$123



NX 944523

PAR VALUE \$123



-30-

INCORPORATED UNDER THE LAWS

GENERAL MOTORS CORPORATION

OF THE STATE OF DELAWARE

58001 069-40-9190

This is to Certify that

SALVATORE SCIORTINO
2502 S UNION ST
SPENCEKPORT NY 14559

CUSIP 370442 10 5

SEE REVERSE
FOR CERTAIN
DEFINITIONS

30
30
30
30
30

whenever

THIRTY

FULLY PAID AND NON ASSESSABLE SHARES OF THE COMMON STOCK

of General Motors Corporation, transferable in person or by duly authorized attorney upon surrender of this Certificate properly endorsed. This Certificate and the shares represented hereby are subject to all the terms, conditions and limitations of the Certificate of Incorporation and all the amendments thereto. This Certificate is not valid until countersigned by the Transfer Agent and registered by the Registrar. Witness the signatures of its duly authorized officers

MAY 17, 1989

Carl H. Zwick
SECRETARY

THIS CERTIFICATE IS TRANSFERABLE IN NEW YORK, TORONTO OR MONTREAL

Robert B. Smith
CHAIRMAN OF THE BOARD

COUNTERSIGNED AND REGISTERED
MORGAN SHAREHOLDER SERVICES TRUST COMPANY
TRANSFER AGENT
AND REGISTRAR
BY *Lore H. Price*
AUTHORIZED OFFICER

PRINTED IN U.S.A.