

EXHIBIT 5

CHISHOLM CHISHOLM & KILPATRICK LTD
ATTORNEYS AT LAW



January 8, 2014

Department of Veterans Affairs
Regional Office
110 Ninth Avenue, South
Nashville, TN 37203-3817

Re: Linda Harrington
REDACTED

91 7199 9991 7031 7484 8712

To Whom It May Concern:

Enclosed please find a properly executed VA Form 21-22a (Appointment of Individual as Claimant's Representative) that I previously submitted to VA. Despite my previous submission, one or more of VA's corporate systems will not recognize my Power of Attorney code (00R) thereby limiting my ability to serve my client and assist VA.

Please update all of you your corporate systems, *i.e.*, MAP-D, SHARE, VACOLS, VBMS, and any others, so I may access my client's electronic records. It does appear that COVERS has been updated, but no other system has.

Please note that we filed an NOD on July 5, 2013, regarding a June 2013 rating decision denying DIC. Since then, we have requested the file numerous times. Yet still, VA has not provided us a copy of the file. Let us reiterate once again, the significant need for this file. Obviously, we do not wish to enter into litigation just to obtain a copy of the file to which we are legally entitled. However, if we do not soon receive the file, we will have no choice. Please provide us a copy of the file so that we may represent this Veteran's widow.

Please respond to the Providence, RI address only listed below.

Very truly yours,

Robert V. Chisholm

/vas

Enclosure

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

OMB Control No. 2900-0021
Respondent Burden: 5 minutes

Department of Veterans Affairs		VA FILE NO(S) (Include prefix) REDACTED
APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE		
Note - If you would prefer to have a service organization assist you with your claim, you may use VA Form 21-22, "Appointment of Veterans Service Organization As Claimant's Representative."		
<p>PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 on File 38, Code of Federal Regulations, 1.576. (For source use: (1) civil or criminal law enforcement, congressional correspondence, epidemiological or research studies, the collection of money owed to the United States; (2) in which the United States is party or has an interest; the administration of VA programs and delivery of VA benefits; verification of identity and status; and personnel information) as identified in the VA system of records: 25VA 01728, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records; VA, published in the Federal Register. Your obligation to respond is voluntary. However, failure to respond provide the requested information could impede the processing of your representative and/or identification of applicable benefits. Cases for information provided by 38 U.S.C. 7133, your representative is not prohibited from redacting records. The response to this information is considered confidential (38 U.S.C. 7201). Information submitted is subject to verification through computer matching programs with other systems.</p>		
<p>RESPONDENT BURDEN: We need this information to recognize you as individual appointed by claimant to act on their behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 3901, 4903, and 5904) and for these individuals in select operations. We will also use this information to verify contact for the closure of VA records to the appointed representative (38 U.S.C. 4701a) and 38 U.S.C. 4701a. United States Code, unless we ask for this information. We ensure that claimants and individuals appointed for purposes of representation will each keep an archive of this notice to review the instructions and complete this form. VA cannot contact or request collection of information unless it is authorized under the United States Code. Your signature is required to collection of information if the record is not updated. A Social Security number can be located by the (38 U.S.C. 5901) and (38 U.S.C. 5902) and (38 U.S.C. 5903). If needed, you can call 1-800-477-1000 to get information on ways to send comments or suggestions about this form.</p>		
A. NAME OF CLAIMANT (Print name, maiden name, initials, dependent on name of first)		B. ADDRESS OF CLAIMANT (A.C. and street or rural route, city or P.O., State and ZIP Code)
Linda Harrington		REDACTED
C. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN		D. SERVICE NUMBER
Harrington, Johnny L.		[Blank]
E. BRANCH OF SERVICE <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER (Specify) _____		
F. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE: ROBERT V. CHISHOLM Chisholm Chisholm & Kilpatrick, One Tucka Head Place, Suite 1100, Providence, RI 02903		
G. INDIVIDUAL IS: (Print name of organization) <input checked="" type="checkbox"/> ATTORNEY <input type="checkbox"/> AGENT <input type="checkbox"/> INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.830 <i>(More restricted than title below. Signatures are required by laws 7C and 7D)</i> <input type="checkbox"/> SERVICE ORGANIZATION REPRESENTATIVE <i>(Signatures are not required below)</i>		
H. INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.830 (Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.830" was not checked in Item 7G)		
The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for a particular claim pursuant to the provisions of 38 CFR 14.630. By your signature below, we, the representative and the claimant, attest that no compensation will be charged or paid for the individual named in Item 7A.		
I. SIGNATURE OF REPRESENTATIVE NAMED IN ITEM 7A N/A		
J. SIGNATURE OF CLAIMANT NAMED IN ITEM 2 N/A		
K. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (A.C. and street or rural route, city or P.O., State, and ZIP code) N/A		

9. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.
 Unless I check the box below, I do not authorize VA to disclose to the individual named in Item 7A any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

I authorize the VA facility having custody of my VA claimant records to disclose to the individual named in Item 7A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my representative other than to VA or the Court of Appeals for Veterans Claims is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in Item 7A either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT: My consent in Item 9 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:

NO Limitation.

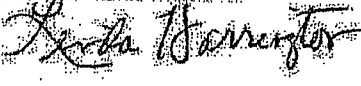
11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS.
 Unless I check the box below, I do not authorize the individual named in Item 7A to act on my behalf to change my address in my VA records.

I authorize the individual named in Item 7A to act on my behalf to change my address in my VA records. This authorization does not extend to any other individual. I will not give further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in Item 7A either by explicit revocation or the appointment of another representative. Please see Conditions of Appointment.

CONDITIONS OF APPOINTMENT

I, the claimant named in Item 2, hereby appoint the individual named in Item 7A as my representative to prepare, present, and prosecute my claims (primary and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 2. If the individual named in Item 7A is an accredited agent or attorney, the scope of representation provided before VA may be limited by the agent or attorney as indicated below in Item 15. If the individual indicated in Item 7A is providing representation under 38 CFR, such representation is limited to a particular claim only. I authorize VA to release any and all of my records (other than as provided in Items 9 and 10) to that individual appointed as my representative, and if the individual in Item 7A is an accredited agent or attorney, this authorization includes the following individuals named administrative employees of my representative: **Zachary M. Stolz, Landon E. Overby, Jessica L. Cleary, Jonathan W. Greene & Kerry L. Baker**

Signed and accepted subject to the foregoing conditions:

12. SIGNATURE OF CLAIMANT 	13. DATE OF SIGNATURE June 21, 2013	14. CLAIMANT'S RELATIONSHIP TO VETERAN (If other than the veteran) Spouse
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15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY (Unless limited by an agent or attorney, this power of attorney revokes all previously existing powers of attorney).

No Limitation.

16. SIGNATURE OF REPRESENTATIVE 	17. DATE OF SIGNATURE 7.3.2013
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FEES: Section 5904, Title 38, United States Code, contains provisions regarding fees that may be charged, allowed, or paid for services of agents or attorneys in connection with a proceeding before the Department of Veterans Affairs with respect to benefits under laws administered by the Department.