

EXHIBIT 11

CHISHOLM CHISHOLM & KILPATRICK LTD
ATTORNEYS AT LAW



January 8, 2014

THIRD REQUEST
DATE 2.13.14

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

Re: Linda Harrington
REDACTED

91 7199 9991 7033 6811 6351

To Whom It May Concern:

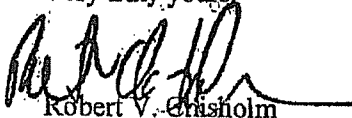
Enclosed please find a properly executed VA Form 21-22a (Appointment of Individual as Claimant's Representative) that I previously submitted to VA. Despite my previous submission, one or more of VA's corporate systems will not recognize my Power of Attorney code (00R) thereby limiting my ability to serve 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. 2980-0038
Prescribed Form 10/2008

Department of Veterans Affairs **VA FILE NO. (Indicate page)**
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."

SECTION 1. PURPOSE: This form is used to appoint an individual to represent you in connection with your claim for VA benefits. The individual named in Part 2 of this form will be authorized to represent you in connection with your claim for VA benefits. The individual named in Part 2 of this form will be authorized to represent you in connection with your claim for VA benefits. The individual named in Part 2 of this form will be authorized to represent you in connection with your claim for VA benefits.

SECTION 2. APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE: The individual named in Part 2 of this form will be authorized to represent you in connection with your claim for VA benefits. The individual named in Part 2 of this form will be authorized to represent you in connection with your claim for VA benefits. The individual named in Part 2 of this form will be authorized to represent you in connection with your claim for VA benefits.

NAME OF CLAIMANT (If claimant is a minor, the name of the parent or guardian of the minor) Linda Harrington
ADDRESS OF CLAIMANT (A.O. and town or rural route, county, State, ZIP Code) REDACTED

LAST NAME - FIRST NAME - MIDDLE NAME (if veteran) Harrington, Johnny L.
SERVICE NUMBER

BRANCH OF SERVICE
 ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD OTHER (Specify)

NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE: ROBERT V. CHANDLER
ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (A.O. and town or rural route, county, State, ZIP Code): ONE OLIVE HAWK BLVD, PROVIDENCE, RI 02903

INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE:
 ATTORNEY CLAIMANT NON-LEGAL PROFESSIONAL REPRESENTATION UNDER SECTION 14.630 SERVICE ORGANIZATION REPRESENTATIVE
(See required signatures in Part 2. Signatures are required to have 30-day effect.)

INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630:
(See to name of the individual providing representation under Section 14.630 was not checked in Part 2B)
The appointment of the individual named in Part 2A (the representative) and/or the individual named in Part 2B for a particular claim is subject to the provisions of 38 CFR 14.630. By your signature below as the representative and the claimant, you certify that no compensation will be charged or paid for the representation under Part 2A.

SIGNATURE OF REPRESENTATIVE NAMED IN PART 2A:
N/A

SIGNATURE OF CLAIMANT NAMED IN PART 2B:
N/A

ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (A.O. and town or rural route, county, State, ZIP Code):
N/A

