

Exhibit 1

C-File Request

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR C-FILE

VIA FACSIMILE EIC 248.524.4260

July 5, 2016

Attention: FOIA Officer
New York City Regional Office
Veteran Name: Dorian Lester Baldwin
VA Claim No: 304/SP
061509164

Records Management Center
U.S. Department of Veterans Affairs
P.O. Box 5020
St. Louis, MO 61135-0020

To Whom It May Concern:

This is a request for documents under 38 C.F.R. §1.577 and the Freedom of Information Act (FOIA), 5 U.S.C. §522 by Megan Trusty, acting as attorney and agent on behalf of Dorian Baldwin. This request is properly made via facsimile as it contains the signature of the requestor with carbon copies provided via certified mail.

I. **IDENTIFICATION OF DOCUMENTS.** I hereby request all documents contained in any VA Claims folder for any of Dorian Baldwin claims, to include all documents in the right flap, left flap, center flap, AND to include anything in the VA Virtual File, Virtual Records, Veterans Benefit Management System ("VBMS") or any electronic system of records kept by the Department of Veterans Affairs where records about Dorian Baldwin or his claim(s) are kept or stored. These records are to be sent to me as Dorian Baldwin's representative at my address indicated on his Form 21-22a, a copy of which is attached to this request.

II. **FORM/FORMAT IN WHICH TO PRODUCE INFORMATION.** Please produce these documents on a readable Compact Disc (CD) taking special care to ensure that both sides of any two-sided documents produced in response to this request are included in the response, and are scanned into a PDF file in such a way that they do not "bleed-through" from one side of the document to the other. The FOIA and the VA's own internal policies related to FOIA requests require that these records be produced in the format sought by the requestor, if the record is readily producible in that form or format.

III. **TIME FOR RESPONSE.** Please note that this request for documents is being made pursuant to the Freedom of Information Act (FOIA), 5 U.S.C. §522a as well as 38, C.F.R. §1.550 and 38 C.F.R. §1.577. Your agency has a duty to respond to this request within TWENTY (20) BUSINESS DAYS of the date of this request pursuant to 5, U.S.C. §522(a)(6)(A)(2)(i).

Additionally, although an extension of time to respond may be requested, it may only be granted for "unusual circumstances."

FOIA Request Megan Trusty on behalf of Dorian Baldwin
July 1, 2016
Page 2

"Predicable agency workload" is not typically considered an unusual circumstance as stated in 5 USC §522(a)(6)(C)(ii). Moreover, even to the extent that unusual circumstances could be demonstrated in this instance, the time limit for the extension is limited to "10 working days" pursuant to 38 C.F.R. §1.553(d).

Please be aware that your agency's failure to respond to this request within twenty (20) business days can result in the filing of an administrative appeal with the office of the Secretary of the Department of Veterans Affairs pursuant to 38 C.F.R. §1.577 and 5 U.S.C. §522(a)(6)(A)(2)(ii), and/or the filing of a federal lawsuit to compel the production of the information.

IV. **POINT OF CONTACT.** As discussed above, please respond to this request within twenty (20) business days. I may be contacted at 212-617-0942.

V. **FEES.** Undersigned is willing to pay fees relating to the above request assuming fees do not exceed \$50.00. Should the fees associated with this request be more than \$50.00, please kindly indicate in writing what the fees are and I will advise as to my willingness to pay these fees.

Thank you very much in advance for your assistance.

Sincerely,



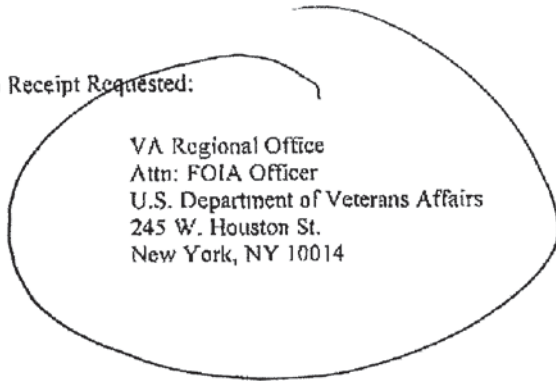
Megan K. Trusty, Esq.

Attachments:

1. Copy of Executed VA Form 21-22a
2. Copy of Executed VA Form 21-0845
3. Copy of Executed VA Form 10-5345
4. Copy of Executed VA Form 3288


cc with Attachments via Certified Mail Return Receipt Requested:

Records Management Center
U.S. Department of Veterans Affairs
P.O. Box 5020
St. Louis, MO 63115-0020



VA Regional Office
Attn: FOIA Officer
U.S. Department of Veterans Affairs
245 W. Houston St.
New York, NY 10014

OMB Control No. 2900-0321
 Respondent Burden: 53 minutes
 Expiration Date: 08-31-2018

 Department of Veterans Affairs		1 VA FILE NO(S) (include prefix)
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."		
<small> PRIVACY ACT NOTICE: VA will not disclose information from this form to any source other than what has been authorized under the Privacy Act of 1974 or 5 U.S.C. Title 5, Section 552a, or to the National Archives, epidemiological or research studies, the collection, use, and dissemination of VA programs and delivery of VA benefits, verification of identity documents, and personnel files. Information from this form may be used for the purpose of providing VA services. Information from this form may be used for the purpose of providing VA services. Information from this form may be used for the purpose of providing VA services. </small>		
<small> RESPONDENT RIGHTS: When the information on this form is used to determine the eligibility of a claimant for VA benefits, the respondent has the right to be heard, to present evidence, to be represented by a representative (VA Form 21-22), to be notified of the date, time, and place of the hearing, and to be given a copy of the hearing transcript. The respondent also has the right to request a copy of the hearing transcript. The respondent also has the right to request a copy of the hearing transcript. </small>		
2 NAME OF CLAIMANT (Last, first, middle, initial, or suffix)	3 ADDRESS OF CLAIMANT (No and street or rural route, city or P.O., State and ZIP code)	
DORIAN BALDWIN	3512 BAY VIEW AVE, Apt 2 BRUCKLYN, NY 11224	
4 LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN	5 SERVICE NUMBERS	
BALDWIN DORIAN LESTER	CG1 SD 9164	
6 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 _____)		
7A NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE		
MEGAN K. TLUSTY		
7B INDIVIDUAL IS (check appropriate box)		
<input checked="" type="checkbox"/> INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 <input type="checkbox"/> SERVICE ORGANIZATION REPRESENTATIVE		
"INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630" (Skip to Item 8, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 7B)		
The appointment of the individual named in Item 7A (the representative) authorizes the individual to represent the claimant named in Item 2 for the particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the claimant, attest that no compensation will be charged or paid for the individual named in Item 7A.		
7C SIGNATURE OF REPRESENTATIVE NAMED IN ITEM 7A		
Megan K. Tlusty, Esq.		
7D SIGNATURE OF CLAIMANT NAMED IN ITEM 2		
* Dorian Baldwin		
8 ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No and street or rural route, city or P.O., State, and ZIP code)		
c/o BLOOMBERG L.P. 731 LEXINGTON AVE. New York, NY 10022		

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 limitations

11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS

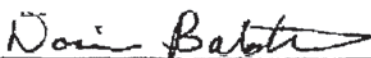
Unless I check the box below, I do not authorize the individual named in Item 7A to act on my behalf to change my address on my VA records:

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 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.

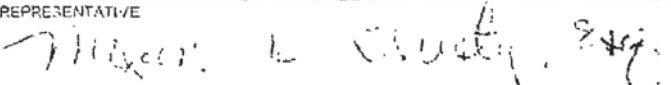
CONDITIONS OF APPOINTMENT

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 for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 4. 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 14.630, 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:

attached and accepted subject to the foregoing conditions.


12. SIGNATURE OF CLAIMANT 	13. DATE OF SIGNATURE 6/24/2016	14. CLAIMANT'S RELATIONSHIP TO VETERAN <i>Wife of the veteran</i>
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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)

16. SIGNATURE OF REPRESENTATIVE 	17. DATE OF SIGNATURE 7/1/2016
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FEES: Service fees of United States Court of Appeals for Veterans Claims are less than may be charged, allowed or paid on behalf of claimant or veteran. For more information, contact the Department of Veterans Affairs, Office of the Inspector General, 815 North Washington Street, Alexandria, VA 22304-6100.

VA Form 10-1086a
Estimated Burden: 2 minutes

 Department of Veterans Affairs		REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION	
<p>Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is submitted under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 18 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA10862 "Patient Medical Record - VA" and in accordance with the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 1507 of the Paperwork Reduction Act of 1995. We may not conduct a sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We estimate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>			
<p align="center">ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.</p>			
TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of lab or card facility)		PATIENT NAME (Last, First, Middle Initial) BALDWIN, DORIAN L.	
SOCIAL SECURITY NUMBER 061509124		NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED MEGAN E ILLIUS c/o BLUMBERG L.P. 731 Lexington Ave. New York, NY 10022	
VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):			
<input checked="" type="checkbox"/> DRUG ABUSE <input checked="" type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input checked="" type="checkbox"/> TUBERCULOSIS OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input checked="" type="checkbox"/> SICKLE CELL ANEMIA			
INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)			
<input checked="" type="checkbox"/> COPY OF HOSPITAL SUMMARY <input checked="" type="checkbox"/> COPY OF OUTPATIENT CONSULTATION NOTE(S) <input type="checkbox"/> OTHER (Specify)			
PURPOSE(S) OR REASON FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED VA Clinical Affairs			
NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM			
AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Release of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):			
NO Limitations			
I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.			
DATE (mm/dd/yyyy) 10/24/16		SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g. POA) X Dorian Baldwin	
<p align="center">FOR VA USE ONLY</p>			
IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)		TYPE AND EXTENT OF MATERIAL RELEASED	
DATE RELEASED		RELEASED BY	

Department of Veterans Affairs

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM INDIVIDUAL'S RECORDS

PRIVACY ACT STATEMENT: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosure as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b) require individuals to provide written consent before identifying or information can be disclosed to third parties not allowed to receive records or information under any other provision of law. The information requested is approved under OMB Control Number 2900-0028 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection is estimated to average 7.5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005EJ), 310 Vermont Avenue, NW, Washington, DC 20420. Send comments only. Do not send this form or requests for benefits to this address.

TO	Department of Veterans Affairs	NAME OF INDIVIDUAL (Type or print) DOZIAN BALDWIN	
		VA FILE NO (include prefix)	SOCIAL SECURITY NUMBER 061 50 9164

NAME AND ADDRESS OF ORGANIZATION OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED
**Megan Tlusty
 c/o Bloomberg L.P.
 731 Lexington Avenue
 New York, NY 10022**

VETERAN'S REQUEST
 I hereby request and authorize the Department of Veterans Affairs to release the following information from the records identified above to the organization, agency, or individual named hereon: **NAME MEGAN TLUSTY
 c/o Bloomberg L.P.
 731 Lexington Ave.
 New York, NY 10022**

INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates - period from and to - covered by each)
My Claims File- including all documents contained in any VA Claims folder for any of my claims, to include all documents in the right flap, left flap, center flap, AND, to include anything in the VA Virtual File, Virtual Records, Veterans Benefit Management System ("VBMS"), or any electronic system of records kept by the Department of Veterans Affairs where records about me or my claims are kept or stored. These records are to be sent to my representative, Kent A. Eiler, at the address indicated above on a readable Compact Disc (CD) taking special care to ensure that both sides of any two-sided documents produced in response to this request are included in the response, and are scanned into a PDF in such a way that they do not "bleed-through" from one side of the document to the other.

PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED
VA CLAIMS/APPEALS

NOTE: Additional information may be listed on the reverse side of this form
 SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL (Attach authority to sign, e.g., POA)
X Dozian Baldwin Dozian Baldi DATE **6/27/16**

Transmission Report

Date/Time 07-05-2016 06:14:40 p.m. Transmit Header Text
 Local ID 1 212-123-4567 Local Name 1 Bloomberg LP

**This document : Confirmed
 (reduced sample and details below)
 Document size : 8.5"x11"**

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR C-FILE

VIA FACSIMILE EIC 249-524-4760

July 5, 2016

Attention: FOIA Officer
 New York City Regional Office
 Veteran Name: Dorian Lester Baldwin
 VA Claim No: 3B45P
 061509164

Records Management Center
 U.S. Department of Veterans Affairs
 P.O. Box 5820
 St. Louis, MO 63135-0020

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Additionally, although an extension of time to respond may be requested, it may only be granted for "unusual circumstances."

Total Pages Scanned : 7

Total Pages Confirmed : 7

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	915	Fax Server	06:11:42 p.m. 07-05-2016	00:02:22	7/7	1	EC	H5	CP31200

Abbreviations:

LS: Host send	PL: Pooled local	MP: Mailbox print	CP: Completed	TS: Terminated by system
FR: Host receive	PR: Pooled remote	RP: Report	FA: Fail	G3: Group 3
WS: Waiting send	MS: Mailbox save	FF: Fax Forward	TU: Terminated by user	EC: Error Correct



January 4, 2017

Dear Customer:

The following is the proof-of-delivery for tracking number **783524973268**.

Delivery Information:

Status:	Delivered	Delivery location:	NEW YORK CITY, NY
Service type:	FedEx Standard Overnight	Delivery date:	Jul 7, 2016 13:39
Special Handling:	Deliver Weekday		

NO SIGNATURE REQUIRED

Proof-of-delivery details appear below; however, no signature is available for this FedEx Express shipment because a signature was not required.

Shipping Information:

Tracking number:	783524973268	Ship date:	Jul 6, 2016
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Recipient:
NEW YORK CITY, NY US

Shipper:
NEW YORK, NY US

Reference

0082989217

Thank you for choosing FedEx.

1. MEGAN TLUSTY 07/06/2016 14:12:16

To

Contact : VA REGIONAL OFFICE (212-807-4010)

Company : U.S. DEPARTMENT OF VETERANS AFFAIRS (CUST 0)

Address : 245 W HOUSTON ST

NEW YORK, NY, US, 10014

From

Contact : MEGAN TLUSTY (Bldg 731LEX - Floor 14W - Desk 121)

Region : NY

Phone : +1-212-617-0942

Address : 731 LEXINGTON AVENUE

NEW YORK, NY, US, 10022-1331

Details

Pickup Time : 15:00

Delivery Method : Delivery Outbound

Delivery Date : 07/07/16 (by End of Day)

Proof of delivery is required

Shipping Instruction:

Please include tracking and return receipt requested.

2. *SDSK *HELPDESK 07/06/2016 14:12:17

AUDIT

The following users were subscribed by *SDSK *HELPDESK:

MEGAN TLUSTY

3. *SDSK *HELPDESK 07/06/2016 14:12:17

QSHP ticket {FIFW QSHP 212474<GO>} created.

4. *SDSK *HELPDESK 07/06/2016 14:12:18

AUDIT

Ticket has been distributed and assigned to 1126069 - CESAR ROSADO

5. *SDSK *HELPDESK 07/06/2016 14:12:18

AUDIT

Assignment logic found rep CESAR ROSADO, matching on Skill Group 547: Mail Letters / Documents - New York 731 Lexington - Office - GREG SOBERS on 4 attributes.

6. CESAR ROSADO 07/06/2016 14:18:15

Ticket acknowledged, will process request.

7. CESAR ROSADO 07/06/2016 15:26:20

Item picked-up and assigned to shipping department, left at processing area. Resolving my part.

8. CESAR ROSADO 07/06/2016 15:26:34

AUDIT

Ticket Was Assigned

Previous Lock Rep: 1126069 - CESAR ROSADO

Current Lock Rep: 4504600 - FORD PACE

9. KIRK DAYLE 07/06/2016 15:36:40

Summary: QSHP# 212474 - Sent to TMS and Completing
Description: Status changed from 'Submitted' to 'Completed'.

10. *SDSK *HELPDESK 07/06/2016 15:36:45

Delivery 0082989217 Created.

11. GENERIC .PROG/INTERNAL SYS 07/06/2016 15:40:41

Carrier: FedEx Express , Tracking Number: 783524973268

<http://www.fedex.com/Tracking?tracknumbers=783524973268&action=track&language=english>

12. KIRK DAYLE 07/06/2016 15:40:50

AUDIT

Ticket Was Assigned

Previous Lock Rep: 4504600 - FORD PACE

Current Lock Rep: 7716690 - KIRK DAYLE

13. KIRK DAYLE 07/06/2016 15:41:04

AUDIT

Solution: 19841

14. KIRK DAYLE 07/06/2016 15:41:04

CLOSED

Resolution Note:

Shipping has been completed with tracking information, thanks for using Supply Chain Operations

15. GENERIC .PROG/INTERNAL SYS 07/07/2016 14:00:58

Delivery 0082989217 Delivered.

Delivered on 07/07/2016 at 13:39:00

Signed for by: Signature release on file