

IN THE UNITED STATES COURT OF APPEALS
FOR VETERANS CLAIMS

GORDON A. GRAHAM,)	
)	
Petitioner,)	
)	
v.)	
)	
ROBERT A. Mc DONALD,)	Docket No. 15-0112
Secretary of Veterans' Affairs;)	
)	Hon. Robert N. Davis
LEIGH A. BRADLEY, Esquire,)	
General Counsel,)	Judge
U.S. Department of Veterans' Affairs;)	U.S. Court of Appeals for
)	Veterans Claims
THE HONORABLE ALLISON A. HICKEY,)	
Under Secretary for Benefits,)	
U.S. Department of Veterans' Affairs;)	
)	
PATRICK C. PRIEB,)	
Director,)	
U.S. Department of Veterans' Affairs,)	
Regional Office 346, Seattle, Washington;)	
)	
Respondents.)	

PETITIONER'S SECOND NOTICE OF RELEVANT AUTHORITY
UNDER RULE 30 (b)

CERTIFICATE OF SERVICE

ROBERT P. WALSH, Esq.
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E-Mail: rpwalsh@SBCglobal.net

Attorney for Petitioner

In Re Gordon A. Graham, Petition for Extraordinary Relief, 15-0112

PETITIONER'S SECOND NOTICE OF RELEVANT AUTHORITY
UNDER RULE 30 (b)

Pursuant to U.S. Vet. App. Rule 30 (b), Petitioner, Gordon Alex Graham, provides the Court with the Supplemental Statement of the Case (SSOC) dated February 17, 2015, which grants in part the relief requested in his Petition for Extraordinary Relief and is attached and labeled Petitioner's Exhibit H. Petitioner also submits his VA Form 9 in response to this SSOC, dated February 25, 2015, and marked as Exhibit I.

Counsel for the Petitioner notes again that the POA (Power of Attorney) field on the SSOC indicates "none" but that he has represented the Petitioner before the Regional Office since June of 2012 and once again has not received a copy of critical correspondence sent only to the Petitioner.

/s/ ROBERT P. WALSH

Robert P. Walsh-Michigan Bar P-42833
Attorney for Claimant-Petitioner
Law Office of Robert P. Walsh
Two West Michigan Avenue
Suite 301
Battle Creek, Michigan 49017

Date: 02/25/2015

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In Re Gordon A. Graham, Petition for Extraordinary Relief, 15-0112

CERTIFICATE OF ELECTRONIC FILING

I, Robert P. Walsh, hereby certify that I have

1. Filed this document using the Electronic Filing System of the U.S. Court of Appeals for Veterans Claims which will automatically send it to counsel for the Respondents,

Office of General Counsel (027B)
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

And;

2. I have mailed a copy of this document to the Petitioner by first class mail at his address of record.

/s/ Robert P. Walsh

Robert P. Walsh-Michigan Bar P-42833
Attorney for Claimant-Petitioner

Date: February 25, 2015

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DEPARTMENT OF VETERANS AFFAIRS
Seattle Regional Office

February 17, 2015

GORDON A. GRAHAM

[REDACTED]

In Reply Refer To:
XXX XX 3747
GORDON A. GRAHAM

Dear Mr. Graham:

Enclosed is a "Supplemental Statement of the Case" (SSOC), which is an update to the "Statement of the Case" (SOC) that we previously sent to you. The following information will help you decide how to respond. We encourage you to discuss this with your representative, if you have one.

Select one of the following two sets of instructions, based on whether or not you wish to have your appeal considered by the Board of Veterans' Appeals.

Please note, when we refer to a "formal appeal" in this letter, we mean a completed and signed VA Form 9, "Appeal to Board of Veterans' Appeals," like the one we enclosed with your SOC. You may also put the same information in a letter to us, but we recommend that you use the form to make sure you include everything needed to perfect your appeal. By "filing" your formal appeal, we mean bringing your appeal to this office and giving it to us, or mailing it to us.

1. I wish to continue my appeal to the Board of Veterans' Appeals.

a. *I already filed a formal appeal.* If you already filed a formal appeal with us, and still wish to continue your appeal, your response to this SSOC is optional.

If you wish to respond, you have 30 days from the date of this letter to respond. There is no special form to use. You can simply write to us and tell us in your own words what you disagree with in this SSOC and why. If you do not wish to respond, and you do not want us to wait for the full 30 days to expire, you can write to us and let us know that.

b. *I have not filed my formal appeal yet. What do I need to do?* If you have not filed your formal appeal with us and you wish to continue your appeal after reading this SSOC, please complete a formal appeal (explained above) and file it with us as soon as possible. You can include with your formal appeal any response that you may have to this SSOC or prior SOC. Please read the instructions that come with the VA Form 9 carefully, particularly the information about how long you have to file the form. Please note that you can lose your right to appeal if you do not file your formal appeal on time.



As a reminder, you may always send us more evidence about the claim you are appealing, but you should not delay filing your formal appeal just because you sent us more evidence, as this will not necessarily extend your time to file a formal appeal.

2. I DO NOT wish to continue my appeal to the Board of Veterans' Appeals.

a. *I have already filed a formal appeal. What do I need to do?* If you already filed a formal appeal, but changed your mind about appealing, please write to us as soon as possible and let us know that you are withdrawing your appeal.

b. *I have not filed my formal appeal yet. What do I need to do?* If you have not filed a formal appeal, and do not wish to continue your appeal, you do not need to do anything. We will close your appeal when the time limit for filing a formal appeal runs out.

We hope that the above information is helpful.

Sincerely yours,

RO Director

Encl: Where to Send Your Written Correspondence

CC: None

Supplemental Statement of the Case	<i>Department of Veterans Affairs Seattle Regional Office</i>		
NAME OF VETERAN GORDON A. GRAHAM	VA FILE NUMBER XXX XX 3747	SOCIAL SECURITY NR	Page 1 02/17/2015 POA None

ISSUE:

Evaluation of porphyria cutanea tarda.

EVIDENCE:

- Board of Veterans' Appeals decision dated November 21, 2013
- Claim for service connection for porphyria cutanea tarda, received 3/31/94
- Treatment records, Gig Harbor Medical Clinic, 1/07 to 1/08
- Statement, Robert Findlay, M.D., dated 11/14/07
- Statement, Deborah Graham, dated 2/9/08
- Treatment records, Cascade Eye and Skin, 11/92 to 10/07
- Treatment records, Richard Rynes, M.D., received 7/08
- Treatment records, Sanjik Oh, received 7/08
- Treatment records, VA Puget Sound, 8/08 to 9/14
- VA examination, 7/08
- Treatment records, Tacoma Digestive Center, received 10/9/08
- Rating decision, 11/7/94

ADJUDICATIVE ACTIONS:

10-06-2014 The veteran was furnished a Statement of the Case outlining actions taken on the claim.

10-27-2014 Substantive Appeal Received.

PERTINENT LAWS; REGULATIONS; RATING SCHEDULE PROVISIONS:

Unless otherwise indicated, the symbol “§” denotes a section from title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief. Title 38 contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits.

§4.117 (7700X) Schedule of ratings-hemic and lymphatic systems

7700 Anemia, pernicious:

Acute, rapidly progressive, without remission, or few or brief remissions 100

Chronic, following acute attacks, severe with characteristic marked departures from normal blood count, with severe impairment of

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health and pronounced asthenia	70
Chronic, following acute attacks with characteristic definite departures from normal blood count, with impairment of health and severe asthenia	60
Incipient, with characteristic achlorhydria and changes in blood count	30

§4.117 (7704) Schedule of ratings-hemic and lymphatic systems

7704 Polycythemia vera:

During periods of treatment with myelosuppressants and for three months following cessation of myelosuppressant therapy	100
Requiring phlebotomy	40
Stable, with or without continuous medication	10

Note: Rate complications such as hypertension, gout, stroke or thrombotic disease separately.

§4.117 (7704X) Schedule of ratings-hemic and lymphatic systems

7704 Polycythemia, primary.

Rate as pernicious anemia.

§4.118 (7806) (before 08-30-02) Schedule of ratings-skin

7806 Eczema:

With ulceration or extensive exfoliation or crusting, and systemic or nervous manifestations, or exceptionally repugnant	50
With exudation or itching constant, extensive lesions, or marked disfigurement	30
With exfoliation, exudation or itching, if involving an exposed surface or extensive area	10
With slight, if any, exfoliation, exudation or itching, if on a nonexposed surface or small area	0

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§4.118 (7806) (effective 08-30-02) Schedule of ratings-skin

7806 Dermatitis or eczema.

More than 40 percent of the entire body or more than 40 percent of exposed areas affected, or; constant or near-constant systemic therapy such as corticosteroids or other immunosuppressive drugs required during the past 12-month period.	60
20 to 40 percent of the entire body or 20 to 40 percent of exposed areas affected, or; systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of six weeks or more, but not constantly, during the past 12-month period.	30
At least 5 percent, but less than 20 percent, of the entire body, or at least 5 percent, but less than 20 percent, of exposed areas affected, or; intermittent systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of less than six weeks during the past 12-month period.	10
Less than 5 percent of the entire body or less than 5 percent of exposed areas affected, and; no more than topical therapy required during the past 12-month period.	0
Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DC's 7801, 7802, 7803, 7804, or 7805), depending upon the predominant disability.	

§4.118 (7815) (before 08-30-02) Schedule of ratings-skin

7815 Pemphigus.

Unless otherwise provided, rate codes 7807 through 7819 as for eczema, dependent upon location, extent, and repugnant or otherwise disabling character of manifestations.

Note: The most repugnant conditions may be submitted for central office rating with several unretouched photographs. Total disability ratings may be assigned without reference to Central Office in the most severe cases of pemphigus and dermatitis exfoliativa with constitutional symptoms.

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§4.118 (7815) (effective 08-30-02) Schedule of ratings-skin

7815 Bullous disorders (including pemphigus vulgaris, pemphigus foliaceous, bullous pemphigoid, dermatitis herpetiformis, epidermolysis bullosa acquisita, benign chronic familial pemphigus (Hailey-Hailey), and porphyria cutanea tarda):

More than 40 percent of the entire body or more than 40 percent of exposed areas affected, or; constant or near-constant systemic therapy such as corticosteroids or other immunosuppressive drugs required during the past 12-month period.	60
20 to 40 percent of the entire body or 20 to 40 percent of exposed areas affected, or; systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of six weeks or more, but not constantly, during the past 12-month period.	30
At least 5 percent, but less than 20 percent, of the entire body, or at least 5 percent, but less than 20 percent, of exposed areas affected, or; intermittent systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of less than six weeks during the past 12-month period.	10
Less than 5 percent of the entire body or exposed areas affected, and; no more than topical therapy required during the past 12-month period.	0
Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DC's 7801, 7802, 7803, 7804, or 7805), depending upon the predominant disability.	

§4.118 (7800) (effective 10-08) Schedule of ratings - skin

7800 Burn scar(s) of the head, face, or neck; scar(s) of the head, face, or neck due to other causes; or other disfigurement of the head, face, or neck:

With visible or palpable tissue loss and either gross distortion or asymmetry of three or more features or paired sets of features (nose, chin, forehead, eyes (including eyelids), ears (auricles), cheeks, lips), or; with six or more characteristics of disfigurement

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With visible or palpable tissue loss and either gross distortion or asymmetry of two features or paired sets of features (nose, chin, forehead, eyes (including eyelids), ears (auricles), cheeks, lips), or; with four or five characteristics of disfigurement

50

With visible or palpable tissue loss and either gross distortion or asymmetry of one feature or paired set of features (nose, chin, forehead, eyes (including eyelids), ears (auricles), cheeks, lips), or; with two or three characteristics of disfigurement

30

With one characteristic of disfigurement 10

Note (1): The 8 characteristics of disfigurement, for purposes of evaluation under §4.118, are:

Scar 5 or more inches (13 or more cm.) in length.

Scar at least one-quarter inch (0.6 cm.) wide at widest part.

Surface contour of scar elevated or depressed on palpation.

Scar adherent to underlying tissue.

Skin hypo- or hyper-pigmented in an area exceeding six square inches (39 sq. cm.).

Skin texture abnormal (irregular, atrophic, shiny, scaly, etc.) in an area exceeding six square inches (39 sq. cm.).

Underlying soft tissue missing in an area exceeding six square inches (39 sq. cm.).

Skin indurated and inflexible in an area exceeding six square inches (39 sq. cm.).

Note (2): Rate tissue loss of the auricle under DC 6207 (loss of auricle) and anatomical loss of the eye under DC 6061 (anatomical loss of both eyes) or DC 6063 (anatomical loss of one eye), as appropriate.

Note (3): Take into consideration unretouched color photographs when evaluating under these criteria.

Note (4): Separately evaluate disabling effects other than disfigurement that are associated with individual scar(s) of the head, face, or neck, such as pain, instability, and residuals of associated muscle or nerve injury, under the appropriate diagnostic code(s) and apply § 4.25 to combine the evaluation(s) with the evaluation assigned under this diagnostic code.

Note (5): The characteristic(s) of disfigurement may be caused by one scar or by multiple scars; the characteristic(s) required to assign a particular evaluation need not be caused by a single scar in order to assign that evaluation.

§4.118 (7801) (effective 08-30-02) Schedule of ratings-skin

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7801 Scars, other than head, face, or neck, that are deep or that cause limited motion:

Area or areas exceeding 144 square inches (929 sq.cm.).	40
Area or areas exceeding 72 square inches (465 sq. cm.).	30
Area or areas exceeding 12 square inches (77 sq. cm.).	20
Area or areas exceeding 6 square inches (39 sq. cm.).	10

Note (1): Scars in widely separated areas, as on two or more extremities or on anterior and posterior surfaces of extremities or trunk, will be separately rated and combined in accordance with Sec. 4.25 of this part.

Note (2): A deep scar is one associated with underlying soft tissue damage.

§4.118 (7801) (effective 10-08) Schedule of ratings - skin

7801 Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are deep and nonlinear:

Area or areas of 144 square inches (929 sq. cm.) or greater	40
Area or areas of at least 72 square inches (465 sq. cm.) but less than 144 square inches (929 sq. cm.)	30
Area or areas of at least 12 square inches (77 sq. cm.) but less than 72 square inches (465 sq. cm.)	20
Area or areas of at least 6 square inches (39 sq. cm.) but less than 12 square inches (77 sq. cm.)	10

Note (1): A deep scar is one associated with underlying soft tissue damage.

Note (2): If multiple qualifying scars are present, or if a single qualifying scar affects more than one extremity, or a single qualifying scar affects one or more extremities and either the anterior portion or posterior portion of the trunk, or both, or a single qualifying scar affects both the anterior portion and the posterior portion of the trunk, assign a separate evaluation for each affected extremity based on the total area of the qualifying scars that affect that extremity, assign a separate evaluation based on the total area of the qualifying scars that affect the anterior portion of the trunk, and assign a separate evaluation based on the total area of the qualifying scars that affect the posterior portion of the trunk. The midaxillary line on each side separates the anterior and posterior portions of the trunk. Combine the separate evaluations under § 4.25. Qualifying scars are scars that are nonlinear, deep, and are not located on the head, face, or neck.

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§4.118 (7802) (effective 08-30-02) Schedule of ratings-skin

7802 Scars, other than head, face, or neck, that are superficial and that do not cause limited motion: Area or areas of 144 square inches (929 sq. cm.) or greater. 10

Note (1): Scars in widely separated areas, as on two or more extremities or on anterior and posterior surfaces of extremities or trunk, will be separately rated and combined in accordance with Sec. 4.25 of this part.

Note (2): A superficial scar is one not associated with underlying soft tissue damage.

§4.118 (7802) (effective 10-08) Schedule of ratings - skin

7802 Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are superficial and nonlinear:

Area or areas of 144 square inches (929 sq. cm.) or greater 10

Note (1): A superficial scar is one not associated with underlying soft tissue damage.

Note (2): If multiple qualifying scars are present, or if a single qualifying scar affects more than one extremity, or a single qualifying scar affects one or more extremities and either the anterior portion or posterior portion of the trunk, or both, or a single qualifying scar affects both the anterior portion and the posterior portion of the trunk, assign a separate evaluation for each affected extremity based on the total area of the qualifying scars that affect that extremity, assign a separate evaluation based on the total area of the qualifying scars that affect the anterior portion of the trunk, and assign a separate evaluation based on the total area of the qualifying scars that affect the posterior portion of the trunk. The midaxillary line on each side separates the anterior and posterior portions of the trunk. Combine the separate evaluations under § 4.25. Qualifying scars are scars that are nonlinear, superficial, and are not located on the head, face, or neck.

§4.118 (7803) (effective 08-30-02) Schedule of ratings-skin

7803 Scars, superficial, unstable. 10

Note (1): An unstable scar is one where, for any reason, there is frequent loss of covering of skin over the scar.

Note (2): A superficial scar is one not associated with underlying soft tissue damage.

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§4.118 (7804) (effective 08-30-02) Schedule of ratings-skin

7804 Scars, superficial, painful on examination. 10

Note (1): A superficial scar is one not associated with underlying soft tissue damage.

Note (2): In this case, a 10-percent evaluation will be assigned for a scar on the tip of a finger or toe even though amputation of the part would not warrant a compensable evaluation.

(See Sec. 4.68 of this part on the amputation rule.)

§4.118 (7804) (effective 10-08) Schedule of ratings - skin

7804 Scar(s), unstable or painful:

Five or more scars that are unstable or painful 30

Three or four scars that are unstable or painful 20

One or two scars that are unstable or painful 10

Note (1): An unstable scar is one where, for any reason, there is frequent loss of covering of skin over the scar.

Note (2): If one or more scars are both unstable and painful, add 10 percent to the evaluation that is based on the total number of unstable or painful scars.

Note (3): Scars evaluated under diagnostic codes 7800, 7801, 7802, or 7805 may also receive an evaluation under this diagnostic code, when applicable.

§4.118 (7805) (effective 08-30-02) Schedule of ratings-skin

7805 Scars, other; Rate on limitation of function of affected part.

§4.118 (7805) (effective 10-08) Schedule of ratings - skin

7805 Scars, other (including linear scars) and other effects of scars evaluated under diagnostic codes 7800, 7801, 7802, and 7804:

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NAME OF VETERAN GORDON A. GRAHAM	VA FILE NUMBER XXX XX 3747	SOCIAL SECURITY NR	POA None	

Evaluate any disabling effect(s) not considered in a rating provided under diagnostic codes 7800-04 under an appropriate diagnostic code.

VA, in determining all claims for benefits that have been reasonably raised by the filings and evidence, has applied the benefit-of-the-doubt and liberally and sympathetically reviewed all submissions in writing from the Veteran as well as all evidence of record.

DECISION:

1. A 60 percent evaluation for porphyria cutanea tarda (PCT) rating analogous to the criteria for polycythemia is established effective March 31, 1994.
2. A 10 percent evaluation has been assigned for skin involvement of porphyria cutanea tarda from March 31, 1994.

REASONS AND BASES:

1. Evaluation of porphyria cutanea tarda.

Note: These determinations are considered to be a partial grant of the benefits sought on appeal, as you have indicated that you desired a 100 percent evaluation for PCT.

A. A 60 percent evaluation for porphyria cutanea tarda rating analogous to the criteria for polycythemia is established effective March 31, 1994.

Entitlement to an earlier effective date for service connection for porphyria cutanea tarda (PCT) has been granted effective March 31, 1994, the date we received your claim for service connection. Service connection is granted and a 60 percent evaluation assigned effective March 31, 1994.

Rating the hemic manifestations of your condition resulting in anemia caused by periodic phlebotomies analogous to polycythemia, an evaluation of 60 percent is assigned for chronic disease following acute attacks with departures from normal blood count, impairment of health, and severe asthenia. We have considered your argument that this condition should be rated analogous to dialysis; however, you have reported experiencing persistent symptoms of anemia following ongoing phlebotomies performed to manage your PCT which is most consistent with assignment using criteria from hemic/lymphatic disorders. Your treatment records reference chronic anemia. This evaluation is assigned based on criteria which are no longer in effect, but were as of the effective date of the grant of service connection. A higher evaluation of 70 percent is not warranted under the old criteria unless evidence demonstrates chronic disease following acute attacks with marked departures from normal blood count, and severe impairment of health and asthenia. Under rating criteria currently in effect, a higher evaluation of 100 percent is

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assigned during periods of treatment with myelosuppressants and for three months following cessation of myelosuppressant therapy.

B. Entitlement to a separate compensable evaluation for skin manifestations of porphyria cutanea tarda.

As noted above, entitlement to an earlier effective date for service connection for porphyria cutanea tarda (PCT) has been granted effective March 31, 1994, the date we received your claim for service connection. A separate 10 percent evaluation for the skin manifestations of your PCT is assigned effective March 31, 1994, based on symptoms of exfoliation, exudation, or itching involving an exposed surface or extensive area. The overall medical evidence of record, including the VA examination in July 2008, suggests that the skin manifestations of the disorder have largely been limited to the hands. This evaluation is assigned based on criteria which are no longer in effect, but were as of the effective date of the grant of service connection. A higher evaluation of 30 percent is not warranted under the old criteria unless the record shows constant exudation or itching, extensive lesions, or marked disfigurement. A higher evaluation of 30 percent is not warranted under the new criteria unless the record shows dermatitis or eczema involving 20 to 40 percent of the entire body or 20 to 40 percent of exposed areas affected, or, systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of six weeks or more, but not constantly, during the past 12-month period.

END OF EXHIBIT

END OF EXHIBIT

TRANSMISSION VERIFICATION REPORT

TIME : 02/25/2015 06:55PM
 NAME :
 FAX : 2699629592
 TEL : 2699629591
 SER. # : U63088H3N502443

DATE, TIME	02/25 06:52PM
FAX NO. /NAME	18448225246
DURATION	00:03:15
PAGE(S)	16
RESULT	OK
MODE	STANDARD ECM

RECEIVED

(DATE)

Form Approved: OMB No. 2900-0085
 Respondent Burden: 1 Hour



Department of Veterans Affairs

APPEAL TO BOARD OF VETERANS' APPEALS

IMPORTANT: Read the attached instructions before you fill out this form. VA also encourages you to get assistance from your representative in filling out this form.

1. NAME OF VETERAN (Last Name, First Name, Middle Initial) Gordon A. Graham	2. CLAIM FILE NO. (Include prefix) [REDACTED]	3. INSURANCE FILE NO., OR LOAN NO. [REDACTED]		
4. I AM THE: <input checked="" type="checkbox"/> VETERAN <input type="checkbox"/> VETERAN'S WIDOW/ER <input type="checkbox"/> VETERAN'S CHILD <input type="checkbox"/> VETERAN'S PARENT <input type="checkbox"/> OTHER (Specify) [REDACTED]	5. TELEPHONE NUMBERS <table border="1"> <tr> <td>A. HOME (Include Area Code) [REDACTED]</td> <td>B. WORK (Include Area Code) [REDACTED]</td> </tr> </table>		A. HOME (Include Area Code) [REDACTED]	B. WORK (Include Area Code) [REDACTED]
A. HOME (Include Area Code) [REDACTED]	B. WORK (Include Area Code) [REDACTED]			
6. MY ADDRESS IS: (Number & Street or Post Office Box, City, State & ZIP Code) [REDACTED]				
7. IF I AM NOT THE VETERAN, MY NAME IS: (Last Name, First Name, Middle Initial) [REDACTED]				

8. OPTIONAL BVA HEARING IMPORTANT: Read the information about this block in paragraph 6 of the attached instructions. This block is used to request a Board of Veterans' Appeals hearing. DO NOT USE THIS FORM TO REQUEST A HEARING BEFORE VA REGIONAL OFFICE PERSONNEL. Check one (and only one) of the following boxes: A. <input checked="" type="checkbox"/> I DO NOT WANT A BVA HEARING. B. <input type="checkbox"/> I WANT A BVA HEARING BY LIVE VIDEOCONFERENCE. C. <input type="checkbox"/> I WANT A BVA HEARING IN WASHINGTON, DC. D. <input type="checkbox"/> I WANT A BVA HEARING AT A LOCAL VA OFFICE. <small>*Due to travel requirements for BVA personnel, selecting Option D may result in a lengthier waiting period for the hearing than the other options. (This option is also not available at the Washington, DC, or Baltimore, MD, Regional Offices.)</small>	
9. THESE ARE THE ISSUES I WANT TO APPEAL TO THE BVA: (Be sure to read the information about this block in paragraph 6 of the attached instructions.) A. <input type="checkbox"/> I WANT TO APPEAL ALL OF THE ISSUES LISTED ON THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENTS OF THE CASE THAT MY LOCAL VA OFFICE SENT TO ME. B. <input checked="" type="checkbox"/> I HAVE READ THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENT OF THE CASE I RECEIVED. I AM ONLY APPEALING THESE ISSUES: <small>(List below.)</small>	

SSOC Dated 02-17-2015

Bloomberg No. 5198

PETITIONER'S
EXHIBIT
I.



Department of Veterans Affairs

APPEAL TO BOARD OF VETERANS' APPEALS

IMPORTANT: Read the attached instructions before you fill out this form. VA also encourages you to get assistance from your representative in filling out this form.

1. NAME OF VETERAN (Last Name, First Name, Middle Initial)	2. CLAIM FILE NO. (Include prefix)	3. INSURANCE FILE NO., OR LOAN NO.
Gordon A. Graham	[REDACTED]	
4. I AM THE: <input checked="" type="checkbox"/> VETERAN <input type="checkbox"/> VETERAN'S WIDOW/ER <input type="checkbox"/> VETERAN'S CHILD <input type="checkbox"/> VETERAN'S PARENT <input type="checkbox"/> OTHER (Specify) [REDACTED]		
5. TELEPHONE NUMBERS A. HOME (Include Area Code) [REDACTED]		6. MY ADDRESS IS: (Number & Street or Post Office Box, City, State & ZIP Code) [REDACTED]
7. IF I AM NOT THE VETERAN, MY NAME IS: (Last Name, First Name, Middle Initial)		

8. OPTIONAL BVA HEARING IMPORTANT: Read the information about this block in paragraph 6 of the attached instructions. This block is used to request a Board of Veterans' Appeals hearing. DO NOT USE THIS FORM TO REQUEST A HEARING BEFORE VA REGIONAL OFFICE PERSONNEL. Check one (and only one) of the following boxes: A. <input checked="" type="checkbox"/> I DO NOT WANT A BVA HEARING. B. <input type="checkbox"/> I WANT A BVA HEARING BY LIVE VIDEOCONFERENCE. C. <input type="checkbox"/> I WANT A BVA HEARING IN WASHINGTON, DC. D. <input type="checkbox"/> I WANT A BVA HEARING AT A LOCAL VA OFFICE.* <small>*Due to travel requirements for BVA personnel, selecting Option D may result in a lengthier waiting period for the hearing than the other options. (This option is also not available at the Washington, DC, or Baltimore, MD, Regional Offices.)</small>		
9. THESE ARE THE ISSUES I WANT TO APPEAL TO THE BVA: (Be sure to read the information about this block in paragraph 6 of the attached instructions.) A. <input type="checkbox"/> I WANT TO APPEAL ALL OF THE ISSUES LISTED ON THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENTS OF THE CASE THAT MY LOCAL VA OFFICE SENT TO ME. B. <input checked="" type="checkbox"/> I HAVE READ THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENT OF THE CASE I RECEIVED. I AM ONLY APPEALING THESE ISSUES: (List below.)		

SSOC Dated 02-17-2015

10. HERE IS WHY I THINK THAT VA DECIDED MY CASE INCORRECTLY: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

1. A 60 percent evaluation for porphyria cutanea tarda (PCT) rating analogous to the criteria for polycythemia is established effective March 31, 1994.
2. A 10 percent evaluation has been assigned for skin involvement of porphyria cutanea tarda (PCT) from March 31, 1994.

See attached argument and rebuttal to SSOC.

(Continue on the back, or attach sheets of paper, if you need more space.)

11. SIGNATURE OF PERSON MAKING THIS APPEAL	12. DATE (MM/DD/YYYY)	13. SIGNATURE OF APPOINTED REPRESENTATIVE, IF ANY (Not required if signed by appellant. See paragraph 6 of the instructions.) [Signature of Robert P. Walsh] Robert P. Walsh	14. DATE (MM/DD/YYYY) 02/25/2015
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CONTINUATION SHEET FOR ITEM 10

Graham, Gordon A. SSOC dated 02-17-15

1. We agree with the effective date of March 31, 1994, which has now been established.
2. In a 2008 report the VA examiner clearly and unambiguously rated petitioner as "totally disabled". There has been no showing in accordance with 38 C.F.R. § 3.105(e) showing the correct facts were not before the examiner, or that the laws, at the time were not properly applied. Accord *Fugo v. Brown*, 6 Vet. App. 40 (1993).
3. DC 7700 allows for 100% schedular for anemia "without remission". Claimant is chronically anemic and will be for life as described in 38 C.F.R. § 4.15. The effects of phlebotomy, which include but are not limited to dizziness and danger of heart attack are not contemplated in DC7700.
4. We believe the proper analogous rating for cleansing of the blood is dialysis. The secondary condition of anemia due to phlebotomies must be rated separately under a different diagnostic code if VA chooses to continue to attempt to rate by condition rather than analogy. If there was no rating for phlebotomies in 1994, VA cannot now summarily ignore evidence of the medical procedure at that time.
5. Clearly, the only rating incorporating the "total disability" described here is one that transcends and bridges the intervening 22 years that VARO 346 failed to adjudicate this correctly. In order to be nonadversarial and grant that which can be granted by law, a rating such as dialysis is very appropriate as it grants a 100% rating for a disease diagnosed at that level.
This approach is straightforward and requires no gerrymandering back and forth into skin, anemia and phlebotomy while ignoring photosensitivity and fragile skin susceptible to mechanical trauma.
6. VA continues to claim they have no evidence that the porphyria only affects the veterans hands. But they have not done an in-depth C&P for skin. There is an Independent Medical Opinion of record showing extensive scarring/ hyperpigmentation of the exposed areas of the skin. The total area affected is over 20% of exposed areas. This would qualify in 1994 for 30%. (Accord *Schafrath v. Derwinski*, 1 Vet. App. 589 (1991) An incomplete C&P is useless for rating).
7. VA ignores the holding in *Jones v. Shinseki* 23 Vet. App. 382 (2010), by rating the skin condition as in remission. *Jones* stands for the proposition, *inter alia*, that VA must rate on the condition before remediation as their examiner found in 2008. They cannot reject the physicians findings simply because they would result in a higher rating for the veteran.
8. The SSOC and the related VA rating decision are new. This is not a grant of a Motion for Revision. As such, the SSOC is out of time. A brand new decision must accord the claimant one year to appeal in the form of a NOD. Here the veteran is presented with a partial grant and told he only has 30 days in which to formulate a response. This is truncated due process of law, which is no due process of law.
9. Counsel for the veteran notes once again that he is not identified as counsel and that time was lost waiting for the veteran to transmit the SSOC to this office. See the 21-22a and fee agreement attached.

/S/ Robert P. Walsh 02/25/2015

(Attach additional sheets, if necessary)

END OF EXHIBIT

LEGAL REPRESENTATION AGREEMENT GORDON ALEXANDER GRAHAM

This contract for legal services is entered into by and between GORDON A. GRAHAM, ("the Client"), whose Social Security Number is [REDACTED], V.A. Claim Number CSS [REDACTED], and whose address is [REDACTED], Telephone [REDACTED], and Robert P. Walsh, Attorney at Law, Two West Michigan Avenue, Suite 301, Battle Creek, Michigan, 49017, Telephone (269) 962-9693 ("the Attorney"). The Client and the Attorney agree as follows:

1. Legal Services to Be Provided

The Client retains Robert P. Walsh to represent him before the U. S. Court of Appeals for Veterans Claims (CAVC), when and if required, and to represent him at the U.S. Board of Veterans Appeals (BVA) and the V.A. Regional Office (VARO), in the all aspects of the case. The Client's objective is to obtain a 100 percent total and permanent service connected disability rating and full disability benefits. He seeks service connected disability compensation, and/or earlier effective date, and/or increased rating for:

Hepatitis C Associated with Porphyria Cutanea Tarda Due to Herbicide Exposure; Porphyria Cutanea Tarda Associated with Hepatitis C and/or Due to Herbicide Exposure; Porphyria Cutanea Tarda Scarring Associated with Hepatitis C and/or Due to Herbicide Exposure; Phlebotomy Issues and Residuals; Cirrhosis of Liver Due to Hepatitis C and/or Herbicide Exposure; Crohn's Disease; Skin Disease and Residuals; Bilateral Hearing Loss; Tinnitus; Chronic Fatigue Syndrome Associated with Hepatitis C and/or Herbicide Exposure; Chronic Lumbar Disorder; Rhuematoid Arthritis; Ventral Hernias; Chronic Right Hip Disorder; Chronic Left Hip Disorder; Cryoglobulinemia Associated with Hepatitis C and/or Herbicide Exposure; Short Bowel Syndrome; Total Disability based upon Individual Unemployability (TDIU); Special Monthly Compensation (SMC); Aid and Attendance/Housebound

Also, any secondary disabilities including psychological problems either incurred while on active duty with the U.S. AIR FORCE or after from the U. S. Department of Veterans Affairs (VA), *including the appropriate effective date for these awards*. Including any and all Special Month Compensation due to the Claimant. Irrespective of the objectives specified above, the client seeks to secure all benefits that the VARO and BVA should have reasonably inferred from the record that the Client is entitled to receive. The client understands that pursuit of these claims may possibly involve, in addition to representation before the VA, (a) appeal to the BVA, (b) moving to seek reconsideration by the BVA; (c) a remand by the BVA to the VA Regional Office; or, an appeal to the U.S. Court of Appeals for Veterans Claims.

GRAHAM, GORDON A.

2. Scope of Representation (Not Limited)

The parties agree that the Attorney's representation is not limited as to the U.S. Department of Veterans Affairs and the CAVC. The representation of the Client in any other forums other than those expressly named in paragraph 1 is not covered by this agreement. For example, this contract for legal services does not include representation before the U.S. Court of Appeals for the Federal Circuit on any appeal of a decision rendered by CAVC in the Client's case or before the Social Security Administration unless mutually agreed and the attorney files an appearance.

3. Payment of Retainer to Initiate Representation of the Client

The Client will pay the Attorney a retainer of \$0.00 to initiate the Attorney's work in this case and to evaluate this case. This payment is due and payable prior to the Attorney beginning any representation of the Client. In the event that the case is remanded or decided in favor of the Appellant the time and expenses covered by the retainer will be incorporated into the Appellant's application for fees and expenses under the Equal Access to Justice Act (EAJA), if any. Upon recovery of these fees and expenses from the VA any retainer paid will be refunded.

4. Contingency Fee Arrangement

(a) Other than the payment by the Client of the retainer provided for by paragraph 3 of this agreement, if there is no recovery of back disability compensation (or pension), there shall be no fees owed by the Client to the Attorney for representation in this matter.

(b) In addition to the payment of a retainer provided for by paragraph 3 of this agreement, the Client agrees to pay the Attorney a fee contingent upon the outcome of the matter or proceeding described in paragraph 1 equal to 20 percent of the gross amount of any past due VA disability compensation (or pension) recovered, whether by judgment, settlement or administrative action, less the amount of the retainer.

(c) Should this matter be remanded to the Board of Veterans' Appeals for further proceedings the attorney will prepare a motion for the client under the Equal Access to Justice Act for fees and expenses. For the purpose of a motion for fees and expenses, or any other billing requiring reference to an hourly rate, that rate is established at \$ 250.00 per hour. For Federal District Court and Federal Court of Appeals matters the rate is \$ 350.00 per hour.

(d) The client will review and approve any motion for fees within 14 days of the entry of an Order for Stay or Remand. Any fees or expenses recovered will be credited against any contingent fee recovery as outlined in 4 (b) above.

GRAHAM, GORDON A.

5. Client Obligated to Pay Attorney From Amounts Recovered

The parties understand and agree that the Contingent Fee described in paragraph 4(b) above is to be paid by the VA directly to the Attorney from any past-due benefits awarded on the basis of the Client's claim. The Client hereby consents to such direct payment by the VA to the Attorney. However, the Client remains liable for the amount of the Contingent Fee of 20 percent of any past-due benefits awarded on the basis of the Client's claim, unless and until the fee is paid to the Attorney by the VA. The Client agrees to pay said Contingent Fee (less any retainer paid) directly to the Attorney in the event the VA fails to do so.

6. Expenses Related to Representation

In addition to the fees for services discussed in paragraphs 3 and 4 above, the Client agrees that, regardless of recovery, the Client is responsible for and will pay all out-of-pocket expenses incurred by the Attorney in connection with this representation. These disbursements may include, but not be limited to; court costs, such as the \$50.00 filing fee, photocopying, cost of medical records, physicians examinations and reports, laboratory tests, postage, telephone charges, messenger service, travel costs and other reasonable expenses related to the pursuit of the Client's claim.

7. Billing for Disbursements

The Attorney will bill the Client monthly (or as necessary) for disbursements by the Attorney for expenses related to representation. The Client agrees to pay the Attorney for these expenses within thirty (30) days of receipt of the bill from the Attorney.

8. Client's Address and Telephone Number

The Client agrees to keep the Attorney and the VA advised of the Client's current address and telephone number, or someone who can contact the Client, at all times and to cooperate in the preparation and presentation of his case.

GRAHAM, GORDON A.

9. Client's Discharge of the Attorney

The Client may discharge the Attorney upon written notice to the Attorney except that if the Client discharges the Attorney without securing substitute counsel after the Attorney has entered an appearance in court, the court may require the Attorney to continue to represent the Client until substitute counsel enters an appearance and the Attorney's appearance in the proceeding is terminated by the court. If the Client discharges the Attorney after the Attorney has fully performed, substantially performed, or contributed substantially to the results finally obtained by the Client, the Client shall be liable for payment of the Attorney's fees and expenses as provided in this agreement.

10. The Attorney's Withdrawal From Agreement

The Attorney does not anticipate any problems that would require withdrawal from this Agreement, and the Attorney intends to pursue Client's matter to the best of his ability. If, however, circumstances arise that necessitate withdrawal in accordance with the Code of Professional Responsibility, the Attorney will (a) notify the Client in writing of the withdrawal from this Agreement, and (b) take reasonable steps to avoid foreseeable prejudice to the rights of the Client.

11. Settlement Offers

The Attorney will advise the Client of all settlement offers and no demand, dismissal or settlement of any claim or claims will be made without the consent of the Client.

12. Complete Integration, Binding Upon All Parties

This Agreement contains the entire agreement between the Client and the Attorney regarding this matter and the payment of fees and expenses. This Agreement shall not be modified except by written agreement signed by the Client and the Attorney. This Agreement shall be binding upon the Client and the Attorney and their respective heirs, executors, legal representatives, and successors.

13. No Promises or Guarantees About Outcome

The Client has read and understood this contract and agrees that the Attorney has made no promises or guarantees regarding the outcome of this matter.

GRAHAM, GORDON A.

14. Interpretation of Agreement

The Client and the Attorney understand that the U.S. Court of Appeals for Veterans Claims is vested with the authority to determine the reasonableness of this Fee Agreement. Further, the Client and the Attorney agree that in the event that there is a disagreement about the meaning of any term of this Agreement, the laws of the State of Michigan shall govern the interpretation of this Agreement. The Client further agrees that, if there is recourse to the judicial process to resolve a dispute about this Agreement after the U.S. Court of Appeals and the U.S. Department of Veterans Affairs have concluded their reviews, he will submit to the jurisdiction of the courts of Michigan, and will permit the dispute to be adjudicated by the courts of Michigan.

15. Lien on Clients Non-V.A. Assets

The Client hereby gives the Attorney a lien on his non-V.A. assets up to the amount of any sum due him under this agreement for fees and expenses after the Client recovers, whether by judgment, settlement, or administrative action. It is further agreed that the Attorney shall have all general, possessory or retaining liens, and all special or charging liens known to the common law or available under law as to these non-V.A. assets.

16. Commencement of Representation

Representation of the Client by the Attorney under this Agreement will not commence until the Attorney receives payment of the retainer, if required, and a copy of this Agreement signed by the Client. The effective date of this Agreement shall be the date on which the Attorney receives the retainer, and signs this Agreement.

17. Power of Attorney to Endorse U.S. Treasury Checks for Payment of any EAJA Award.

In the event that the CAVC orders an award of reasonable attorney fees and expenses pursuant to the Equal Access to Justice Act, (EAJA), the client, by his signature below, specifically authorizes and appoints Robert P. Walsh as a limited power of attorney to receive, endorse the clients name, and collect payment on, any check drawn on the United States Treasury by the U.S. Department of Veterans Affairs in payment of an award of EAJA fees and expenses.

GRAHAM, GORDON A.

18. *Non-fee Basis Representation.*

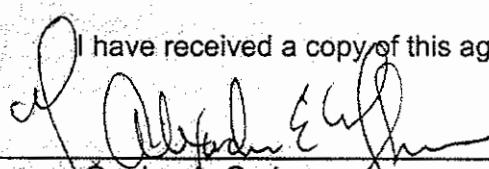
Any representation on claims which have not been the subject of a notice of disagreement on or after June of 2007 or a prior final BVA denial is on a pro bono basis until a notice of disagreement is filed or until the laws and regulations governing the payment of attorney fees are amended to permit such representation. After that time the standard 20% contingent fee will apply. In any situation, the client is responsible for all expenses incurred related to the VA claim(s).

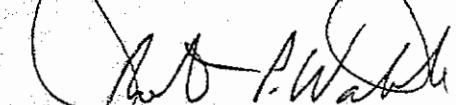
19. *Mutual Agreement.*

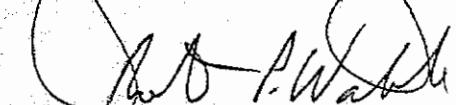
We agree that the above represents our mutual agreement.

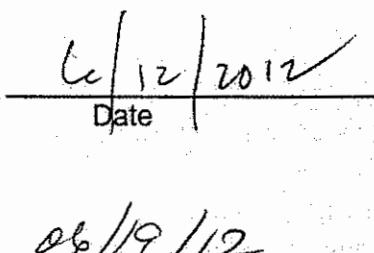
20. *Copy.*

I have received a copy of this agreement.


Gordon A. Graham


Date


Robert P. Walsh (P42833)
Attorney at Law


Date

Accredited November 7, 2008

ROBERT P. WALSH
ATTORNEY
Two West Michigan Avenue
Suite 301
Battle Creek, Michigan
49017
Telephone (269) 962-9693
Telecopier (269) 962-9592
E-Mail: rwalsh@SBCglobal.net

GRAHAM, GORDON A.

CERTIFICATE OF SERVICE

On the date affixed below I personally mailed the listed documents to the addresses set forth below by first class U.S. Mail and e-mailed a PDF copy to the Office of General Counsel.

U. S. Department of Veterans Affairs
Office of the General Counsel (022D)
810 Vermont Avenue, N. W.
Washington, D.C. 20420

E-mail: feeagreements.ocg@va.gov

U. S. Department of Veterans Affairs
Regional Office 346
Jackson Federal Building
915 2nd Avenue
Seattle, Washington 98174-1060

Telephone (206) 220-6100
Telecopier (206) 220-6143

Mr. GORDON A. GRAHAM

[REDACTED]

Telephone [REDACTED]

DOCUMENTS

- (1). Certificate of Service.
- (2). Fee Agreement.
- (3). VA Form 21-22a

June 19, 2012

Date: _____

/S/ Robert P. Walsh

Mr. Robert P. Walsh (P42833)
Attorney for Claimant/Appellant
Two West Michigan Avenue
Suite 301
Battle Creek, Michigan 49017
Telephone (269) 962-9693
Telecopier (269) 962-9592
E-mail: rpwalsh@sbcglobal.net

END OF EXHIBIT



Department of Veterans Affairs

1. VA FILE NO(S) (Include prefix)
CSS 242 76 3747

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."

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 or Title 38, Code of Federal Regulations 1.376 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, 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 recognition of your representative and/or identification of disclosable records. Except for information protected by 38 U.S.C. 7332, your representative is not prohibited from redisclosing records. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to recognize the individuals appointed by claimants to act on their behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902, 5903, and 5904) and for those individuals to accept appointment. We will also use the information to verify consent for disclosure of VA records to the appointed representative (38 U.S.C. 5701(b) and 7332) Title 38, United States Code, allows us to ask for this information. We estimate that claimants and individuals appointed for purposes of representation will each need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. A Valid OMB control number can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINVVA.FPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

2. NAME OF CLAIMANT (Veteran, guardian, beneficiary, dependent, or next of kin) GORDON A. GRAHAM	3. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) [REDACTED]
4. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN GRAHAM, Gordon A.	5. SERVICE NUMBERS CSS [REDACTED]

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

7A. NAME OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE
ROBERT P. WALSH, ESQ.

7B. INDIVIDUAL IS (check appropriate box)

ATTORNEY AGENT INDIVIDUAL PROVIDING REPRESENTATION UNDER SECTION 14.630 SERVICE ORGANIZATION REPRESENTATIVE
(*See required statement below. Signatures are required in Items 7C and 7D)

***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 a 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

7D. SIGNATURE OF CLAIMANT NAMED IN ITEM 2

8. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (No. and street or rural route, city or P.O., State, and ZIP code)

ROBERT P. WALSH, ESQ.
ATTORNEY AT LAW
TWO WEST MICHIGAN AVENUE, SUITE 301
BATTLE CREEK, MI 49017
269-962-9693 TELEPHONE
269-962-9592 FAX

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. Rediscovery 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:

NOT LIMITED

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

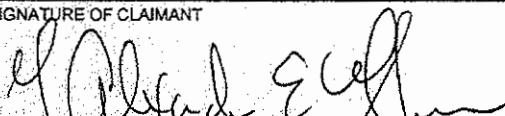
Unless I check the box below, I do not authorize the individual named in Item 7A to act on my behalf to change my address in my VA records.

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 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

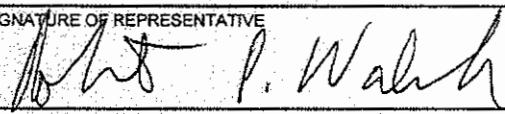
I, the claimant named in Item 2, hereby appoint the individual named in Item 7A as my representative to prepare, present, and prosecute my claims for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 4. If the individual named in Item 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 individually named administrative employees of my representative:

Signed and accepted subject to the foregoing conditions.

12. SIGNATURE OF CLAIMANT	13. DATE OF SIGNATURE	14. CLAIMANT'S RELATIONSHIP TO VETERAN <i>(If other than the veteran)</i>
	6/12/2012	

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)*

NOT LIMITED, EXCLUSIVE REPRESENTATION

16. SIGNATURE OF REPRESENTATIVE	17. DATE OF SIGNATURE
	6/19/12

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.

END OF EXHIBIT

UNITED STATES OF AMERICA
U.S. DEPARTMENT OF VETERANS AFFAIRS
REGIONAL OFFICE 346
SEATTLE, WASHINGTON

GRAHAM, GORDON ALEXANDER

CSS XXX-XX-3747

Claimant

CERTIFICATE OF SERVICE 03

ROBERT P. WALSH, Esq.
Two West Michigan Avenue
Suite 301
Battle Creek, Michigan 49017-7002

Telephone (269) 962-9693
Telecopier (269) 962-9592
E-mail: rpwalsh@SBCglobal.net

Attorney for Claimant-Appellant

Graham, Gordon Alexander

CERTIFICATE OF SERVICE

ON the date affixed below I personally faxed the documents listed below to the VBA web portal, and then mailed them to the claimant at the address below via U.S. Mail.

U. S. Department of Veterans Affairs
Regional Office 346
Jackson Federal Building
915 2nd Avenue
Seattle, Washington 98174-1060

Telephone (206) 220-6100
Telecopier (206) 220-6143
Telecopier (844) 822-5246 Web Portal

Claimant

Mr. Gordon A. Graham

[REDACTED]
[REDACTED]

Telephone [REDACTED]

Documents

1. Certificate of Service.
2. VA-9, SSOC dated 02-17-15.
3. VA 21-22a dated 06-19-2012.
4. VA fee agreement with certificate of service dated 06-19-2012.

February 25, 2015

/S/ Robert P. Walsh

Date: _____

ROBERT P. WALSH, Esq.
Two West Michigan Avenue
Suite 301
Battle Creek, Michigan 49017-7002

Telephone (269) 962-9693
Telecopier (269) 962-9592
E-mail: rpwalsh@SBCglobal.net

Attorney for Claimant-Appellant

END OF EXHIBIT