



Department of Veterans Affairs

**RATING DECISION/ADMINISTRATIVE DECISION/FORMAL FINDING/STATEMENT OF THE CASE (SOC)/SUPPLEMENTAL STATEMENT OF THE CASE (SSOC)
(Electronic Signatures)**

VETERAN'S NAME [REDACTED]		CLAIMANT'S NAME [REDACTED]		VA CLAIM NUMBER [REDACTED]
END PRODUCT 040	DATE OF CLAIM (MM/DD/YYYY) 08/16/2021	DECISION TYPE OF DECISION Rating Decision		DATE OF DECISION (MM/DD/YYYY) 08/26/2021
FIRST SIGNATURE [REDACTED] <small>Digitally signed by AARON Date: 2021.08.26 16:59:55 -05'00'</small>		TITLE RVSR		DATE SIGNED 08/26/2021

CERTIFICATION: *I certify that I have electronically reviewed this decision and concur.*

SECOND SIGNATURE [REDACTED] <small>ERINE 3</small>	TITLE RVSR	DATE SIGNED 08/27/2021
THIRD SIGNATURE [REDACTED]	TITLE Coach	DATE SIGNED 08/27/2021

REMARKS (Optional):

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