Physician's Statement & Recommendation

California Health and Safety Code Section 11362.5

Patient Name:	**HUEDELL FREEMAN**		
Recommendation ID#:	**5003 4732 0132 7082**		**State ID #:** N4001334
Date of issue:	**11/18/2016**	**Date of expiration:**	**11/17/2017**

The purpose of this medical marijuana recommendation is to clearly represent that the individual (i.e., patient) whose information is indicated on this recommendation is a patient who was evaluated by the California Licensed Physician whose name and license is indicated below who concluded that based on the patient's medical problems (i.e., medical conditions), he or she is permitted to possess and or cultivate medical marijuana in accordance with California Health and Safety Code Section 11362.5, Compassionate Use Act of 1996 (i.e., Proposition 215).

The physician who evaluated said patient acts only as a consultant and NOT as a primary care provider. The patient confirms the fact that the potential medical benefits and risks of the use of medical marijuana were discussed with the physician during the evaluation. The patient further confirms the fact that they have been clearly informed NOT to drive, NOT to operate heavy machinery and NOT to engage in any activity that requires alertness while using medical marijuana.

The patient assumes full medical and legal responsibility for any and all legal and health risks associated with the use of medical marijuana as a treatment option. The patient authorizes the physician (i.e., this office) to discuss the nature of their medical problems (i.e., conditions) and the information contained in this document only for verification purposes. The patient agrees to NOT transfer nor allow any other individual to use this recommendation neither on their behalf nor in any way whatsoever other than by the patient whose name is indicated herein.

The patient understand and agrees that this medical marijuana recommendation can be revoked by the physician (i.e., this office) if said terms and conditions are violated by the patient and or at any time without notice. By signing below, I confirm that I have been advised and fully understand the terms and conditions stated above and that the prolonged use of Medical Marijuana (i.e., Cannabis) in any form may cause damage to any of the organs and cells of the human body.

I understand that this recommendation is valid ONLY in the State of California and is void if used across state lines.

Available on the Android Market

24/7 Phone Verification: [redacted]

24/7 Online Verification: http://verification420.com

Available on the App Store

MediBook for Doctors www.medibooksystems.com

420 Verification www.verification420.com

Indica for Collectives www.indicaonline.com

Physician Signature:	**Patient Signature:** Huedell Freeman
Physician Information [redacted]	

Address: [redacted] **Phone:**	**Bill To:** HUEDELL FREEMAN **Address:** [redacted]

Description	Amount
Doctors Visit	$40.00

Date 11/18/2016

Patient Signature _____

ORIGINAL

THOMAS D. ALLMAN
Sheriff-Coroner

Undersheriff Randy Johnson
Captain Gregory L. Van Patten
Field Services
Captain Tim Pearce
Corrections

County of Mendocino
Office Of The Sheriff-Coroner

The Medical Marijuana location belonging to HUEDELL FREEMAN (Name of Applicant) was inspected and approved on 7/6/16 (Date) for the 2016 Mendocino County Sheriff's Office Medical Marijuana Exemption Program. You are now required to purchase zip ties and attach one per plant or inside the structure where the plants are growing. You are eligible for 74 (Number of Zip ties) zip ties at $50 (fifty dollars) each at the Mendocino County Tax Collector and Court Collections Office at 501 Low Gap Road Ukiah, CA 95482. After the payment is complete bring the receipt for the zip ties to the Sheriff's Office to receive zip ties.

Inspected by: Daniel Knaff

Daniel Knaff (Inspector's Signature) 7/6/16 (Date)

Please note: you must make an appointment to receive zip ties at the Sheriff's office by calling or emailing:
707-234-2126
mcso-marijuana@co.mendocino.ca.us

951 Low Gap Road
Ukiah, California 95482

707-463-4411
Fax 707-468-3404

County of Mendocino

PERMIT
_E201601023_
Garden Site #2

Expiration Date: 12/31/16

EXEMPTION TO MENDOCINO COUNTY CODE 9.31

THIS MUST BE PLAINLY POSTED AT GARDEN SITE AT ALL TIMES

Mendocino County Sheriff's Office - 951 Low Gap Road - Ukiah, CA 95482 - (707) 463-4086 (Dispatch 24/7)

Form 803A

Rev. 07/12/10