



**Alabama State Board of Public Accountancy**

770 Washington Ave, Ste 226  
Montgomery, AL 36104-3807  
Phone: (334) 242-5700  
Fax: (334) 242-2711

**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: **Kokilia Cl Dimediva**

License #: **13735-R**

I authorize the Alabama State Board of Public Accountancy to release information in regards to the status of my license.

**ALABAMA BOARD VERIFICATION:**

LICENSE #: **13735-R**

Certification Date: **01/31/2019**

Board Signature:

A handwritten signature in green ink, appearing to read "D. Boyd Busby", is written over a horizontal line.

**D. Boyd Busby  
Executive Director**

Date: **04/25/2026**