



Alabama State Board of Public Accountancy

770 Washington Ave, Ste 226
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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Ikime Bo Jackson* License #: *14374*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *14374* Certification Date: *08/18/2021*

Board Signature: _____

A handwritten signature in green ink that reads "D. Boyd Busby".

D. Boyd Busby
Executive Director

Date: *04/04/2026*