



Alabama State Board of Public Accountancy

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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:

D. Boyd Busby
Executive Director

Date: *07/05/2026*