



Alabama State Board of Public Accountancy

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

Name: **Komara Binx Conde**

License #: **15014-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 #: **15014-R**

Certification Date: **10/18/2023**

Board Signature: _____

D. Boyd Busby
Executive Director

Date: **04/01/2026**