



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: *Thehdros JI Kahssye* License #: *15071*

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

ALABAMA BOARD VERIFICATION:

LICENSE #: *15071* Certification Date: *01/04/2024*

Board Signature: _____

D. Boyd Busby
Executive Director

Date: *04/01/2026*