



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Mariela Kex Gnzlz**

License #: **15436-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 #: **15436-R**

Certification Date: **09/02/2025**

Board Signature:

Date: **04/26/2026**

D. Boyd Busby
Executive Director