

Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: FMKOPPERSMITH License #: 1569

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

ALABAMA BOARD VERIFICATION:

LICENSE #: <u>1569</u> Certification Date: <u>05/07/1976</u>

Board Signature: Date: <u>08/24/2025</u>

D. Boyd Busby Executive Director