



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: **Foggi Ray Odod** License #: **2117**

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

ALABAMA BOARD VERIFICATION:

LICENSE #: **2117** Certification Date: **08/12/1979**

Board Signature:  Date: **04/25/2026**
D. Boyd Busby
Executive Director