



**Alabama State Board of Public Accountancy**

770 Washington Ave, Ste 226  
Montgomery, AL 36104-3807  
Phone: (334) 242-5700  
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**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: **Konoka Lm Orikasa**

License #: **2172**

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

**ALABAMA BOARD VERIFICATION:**

LICENSE #: **2172**

Certification Date: **11/09/1979**

Board Signature: \_\_\_\_\_

**D. Boyd Busby  
Executive Director**

Date: **07/05/2026**