



**Alabama State Board of Public Accountancy**

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**LICENSE VERIFICATION REQUEST AND AUTHORIZATION:**

Name: Menmwen Boe Sonn License #: 5256

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

**ALABAMA BOARD VERIFICATION:**

LICENSE #: 5256 Certification Date: 02/24/1992

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