



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: Sholademi Jo Fadiora License #: 5479

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

ALABAMA BOARD VERIFICATION:

LICENSE #: 5479 Certification Date: 08/04/1992

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