



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: Lynneace Ab Gray

License #: 6488

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

ALABAMA BOARD VERIFICATION:

LICENSE #: 6488

Certification Date: 08/01/1994

Board Signature: _____

D. Boyd Busby
Executive Director

Date: 04/25/2026