



Alabama State Board of Public Accountancy

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LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: Chiyon Al Satchell License #: 7159

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

ALABAMA BOARD VERIFICATION:

LICENSE #: 7159 Certification Date: 01/29/1996

Board Signature:  Date: 04/01/2026
D. Boyd Busby
Executive Director