



# MINNESOTA

## BOARD OF ACCOUNTANCY

### BOARD MEMORANDUM

August 6, 2025

**TO:** **Executive Committee**  
Charles Selcer, CPA, Board Chair  
Godson Sowah, CPA, Vice-Chair  
Todd Lifson, CPA, Secretary/Treasurer

**FROM:** Charles Selcer, CPA, Board Chair

**SUBJECT:** **AUGUST 6, 2025, EXECUTIVE COMMITTEE MINUTES**  
GOLDEN RULE BUILDING, Suite 295  
**8:24 AM**

The Committee met on the above-mentioned date, time and location.

- 1) **CALL TO ORDER**  
Charles Selcer, CPA, Board Chair  
Godson Sowah, CPA, Vice-Chair  
Todd Lifson, CPA, Secretary/Treasurer

**OTHERS:**  
Kristin Batson, Executive Director  
Matthew Linngren, OASI

**GUESTS:**  
Zach Feece, Ewald Consulting  
Gino Fragnito, Minnesota Society of CPAs (MNCPA)  
Troy Olsen, Ewald Consulting  
Linda Wedul, Minnesota Society of CPAs (MNCPA)

- 2) **APPROVAL OF THE JUNE 4, 2025, MEETING MINUTES**  
**MSP: To approve the June 4, 2025, minutes**

- 3) EXECUTIVE DIRECTOR REPORT (K. Batson, Executive Director)
  - A) FY25 Budget and Revenue report – Discussed.
  - B) Presentation to MNCPA Board of Directors – Discussed.
  - C) Customer service, phone calls, web site – Discussed.
- 4) INTERNAL CONTROLS ANNUAL CERTIFICATION  
**MSP: To approve the Internal Controls Annual Certification report**
- 5) ADJOURN  
**The meeting adjourned at 9:02 AM**



# MINNESOTA

## BOARD OF ACCOUNTANCY

### BOARD MEMORANDUM

August 6, 2025

**TO:** All Board Members  
Christopher Kaisershot, Assistant Attorney General

**FROM:** Charles Selcer, CPA, Board Chair

**SUBJECT:** **AUGUST 6, 2025, BOARD MEETING MINUTES**  
GOLDEN RULE BUILDING, Suite 295  
**9:03 AM**

The Board held its regularly scheduled meeting on the above-mentioned date, time, and location.

- 1) CALL TO ORDER  
Board members:  
Charles Selcer, CPA, Board Chair  
Godson Sowah, CPA, Vice Chair  
Todd Lifson, CPA, Secretary/Treasurer  
Andrea Chung, CPA  
Ann Etter, CPA – **Absent**  
Amanda Guanzini, CPA  
Douglas Moore  
Lance Radziej, CPA  
Diane Rosenwald

OTHERS:  
Kristin Batson, Executive Director  
Christopher Kaisershot, Assistant Attorney General  
Matthew Linngren, OASI  
Holly Salmela, Investigator  
Daniel Stephens, Complaint Specialist  
Carly Johnson, Student Worker

GUESTS:  
Zach Feece, Ewald Consulting  
Gino Fragnito, Minnesota Society of CPAs (MNCPA)  
Troy Olsen, Ewald Consulting  
Linda Wedul, Minnesota Society of CPAs (MNCPA)

- 2) INTRODUCTIONS
  - A) Executive Director Batson introduced the Board's student worker, Carly Johnson, and provided the Board with an overview of her work.
- 3) APPROVAL OF THE JUNE 4, 2025, BOARD MEETING MINUTES  
**MSP: To approve the June 4, 2025, minutes**
- 4) COMPLAINT COMMITTEE REPORT (A. Etter, CPA, Committee Chair)
  - A) The Complaint Committee requested a closed session to deal with enforcement matters.  
**MP: To go into closed session to address enforcement actions under Minnesota Statutes 214 (2024)**  
**MP: To reopen the meeting**
  - B) The Board issued the following orders:
    - (1) In the matter of Adam Pepple, the Board issued a Stipulation and Consent Order.
    - (2) In the matter of David Bernu, the Board issued a Stipulation and Consent Order and Cease and Desist Order.
    - (3) In the matter of Wayne Guerrino, CPA PA, the Board issued a Stipulation and Consent Order.
    - (4) In the matter of Ruth Crowe-Lane, the Board issued a Stipulation and Consent Order and Cease and Desist Order.
    - (5) In the matter of Lane Law and CPA Services LLC, the Board issued a Stipulation and Consent Order and Cease and Desist Order.
    - (6) In the matter of Steven Broden, the Board issued a Stipulation and Consent Order and Cease and Desist Order.
    - (7) In the matter of Steven Douglas Broden CPA, the Board issued a Stipulation and Consent Order and Cease and Desist Order.
    - (8) In the matter of Hohlen CPA LTD, the Board issued a Stipulation and Consent Order.
    - (9) In the matter of Emma Wan, the Board issued a Stipulation and Consent Order.
    - (10) In the matter of Keith Kruschke, the Board issued a Stipulation and Consent Order and Cease and Desist Order.
    - (11) In the matter of Keith D. Kruschke CPA Services, the Board issued a Stipulation and Consent Order and Cease and Desist Order.
    - (12) In the matter of Ramon Ramirez-Quintero, the Board issued a Stipulation and Consent Order and Cease and Desist Order.
    - (13) In the matter of Ramirez & Associates LLC, the Board issued a Stipulation and Consent Order and Cease and Desist Order.  
**MSP: To accept the Complaint Committee report**

- 5) INVESTIGATOR'S REPORT (H. Salmela, Investigator)  
A) There are 125 open files.  
**MSP: To accept the Investigator's report**
- 6) EXECUTIVE COMMITTEE REPORT (C. Selcer, CPA, Board Chair)  
A) Internal Controls Annual Certification – Approved the FY25 report which is due by August 31, 2025.  
**MSP: To accept the Executive Committee's report**
- 7) EXECUTIVE DIRECTOR'S REPORT (K. Batson, Executive Director)  
A) FY25 Year-end Budget and Revenue report – Discussed.  
B) Licensing and Website Modernization Process – Discussed.  
C) FY26 Budget and Revenue Report – Discussed.  
D) Presentation to the MNCPA Board – Discussed.  
E) Alternative Practice Structure – Discussed.  
F) 2025 Q2 CPA Exam Report – Discussed.  
**MSP: To accept the Executive Director's report**
- 8) LAWS AND RULES COMMITTEE MEETING REPORT  
(D. Moore, Committee Chair)  
No committee meeting held.
- 9) CONTINUING PROFESSIONAL EDUCATION MEETING REPORT  
(L. Radziej, CPA, Committee Chair)  
No committee meeting held.
- 10) FIRM CREDENTIALING and PEER REVIEW COMMITTEE REPORT  
(A. Guanzini, CPA, Committee Chair)  
No committee meeting held.
- 11) NEW BUSINESS  
A) Applications for Reinstatement:  
(1) Robert Doty (**HANDOUT 11A1**)  
**MSP: To approve**  
(2) Yingting Wang  
**MSP: To approve**  
(3) Jared Gould  
**MSP: To approve**  
(4) Kelly Horner  
**MSP: To approve with the corrected reinstatement fee of \$925**

- (5) Thomas Regan  
**MSP: To approve**
- (6) Charles Amevo  
**MSP: To deny**
  
- B) Requests for Exception
  - (1) Applicants  
None.
  - (2) Licensees  
*"The board may in particular cases make exceptions to the requirements in parts 1105.3000, item A, and 1105.3100, subpart 1 [CPE requirements], for reasons of individual hardship including health, military service, foreign residence, or other good cause."*  
 – Minnesota Rules, part 1105.3300, item B (2024)
    - a. Thomas J. Woodrow  
**MSP: To deny the CPE exception request**
    - b. Licensee B  
**MSP: To approve the CPE exception request for 2023 and 2024**
    - c. Licensee C (**HANDOUT 11B2c**)  
**MSP: To approve extension of CPE deadline until December 31, 2025**
  - (3) Firms  
None.
  
- C) Applications for Firm Permit
  - (1) Minnesota Firm Permits
    - a. Michael Amberson, CPA, LLC  
**MSP: To approve**
    - b. Reisch CPA PLLC  
**MSP: To approve**
    - c. KBA Consulting LLC  
**MSP: To approve**
    - d. JLH Accounting Services LLC  
**MSP: To approve**
    - e. Seelen Tax & Advisory, PLLC  
**MSP: To approve**
    - f. Integrated Capital Partners LLC DBA Integrated Tax & Accounting HLM (**HANDOUT 11C1f**)  
**MSP: To approve**

- (2) Foreign Firm Permits
  - a. Brady Martz, LLC (**HANDOUT 11C2a**)  
**MSP: To approve**
- D) Firm Name Change Requests
  - (1) James C. Buseth, P.A. *change to* Buseth, Witte & Weidner P.A.  
**MSP: To approve**
  - (2) Harris CPAs P.C. *change to* Sorren CPAs, P.C.  
**MSP: To approve**
- E) Peer Review with “Pass” Rating  
*In Compliance with Minnesota Rules, part 1105.4600-1105.5500 (2024) the following firms submitted a report with a finding of “pass”:*
  - (1) Michael L. Anderson & Associates
  - (2) Paul J. Trendera, Chartered
  - (3) Walker, Giroux and Hahne, LLC
  - (4) BWK Rogers PC
  - (5) MD Lewis LLC
  - (6) WSDD CPAs, Ltd.
  - (7) Ohab and Company, PA
  - (8) Bradley Lynn Stedman CPA
  - (9) Bertolas & Pekula LLC (**HANDOUT 11E9**)
  - (10) Lewis & Mount LLC (**HANDOUT 11E10**)
  - (11) Fruci & Associates II, PLLC (**HANDOUT 11E11**)
  - (12) KBA Peterson and Associates (**HANDOUT 11E12**)**MSP: To accept the Peer Review reports**
- F) Peer Review with Other Rating
  - (1) Baumgard, Rose & Associates PLLC  
**MSP: To accept**
  - (2) Thomas J Bulger, CPA, PC  
**MSP: To accept**
  - (3) Romer & Company, PC  
**MSP: To accept**
- G) Peer Review Extension Request  
None.
- H) Report from NASBA Western Regional Meeting, June 17-19, 2025, New Orleans, LA – Discussed.

- I) NASBA Annual Business Meeting, October 26-29, 2025, Chicago, IL – Designation of attendees – Discussed.
- J) MNCPA Request for Rule Review – Discussed.
- K) Minnesota Association of Public Accountants (MAPA) Report on CPE Procedures and Programs – Discussed.  
**MSP: To accept the report**
- L) New Licensee Report  
**MSP: To accept the report and extend the Board’s congratulations to the new licensees**
- 12) PUBLIC COMMENT  
Gino Fragnito discussed the NASBA Western Regional Meeting.
- 13) ADJOURN  
**The meeting was adjourned at 11:58 AM**





**APPLICATION FOR REINSTATEMENT OF A REVOKED LICENSE**

**ENCLOSE \$20 FEE (MN Statute 326A.04 subd. 5[9])**

Payment is by check/money order. No cash, credit card, or bill pay. Applications received without payment **ENCLOSED** will be returned.

**Military Only** ► If you are active duty or within 6 months of discharge from active duty, check box: ☐

Full Legal Name Robert Archie Doty (First) (Middle) (Last) (Suffix)  
Address 3574 Bailey Ridge Alcove Certificate # 21968  
City Woodbury State MN Zip 55125 Home Ph 651-276-5166 Work Ph 612-208-2571

**Provide your employment history for the period since revocation, listing the most recent employer first. Include a description of the type of services you perform(ed). Use additional sheets as needed.**

Employer Name & Address	Dates Employed	Types of Services Performed
Science Museum of Minnesota Metropolitan Economic Development Council	4/22- Present 4/23 - 4/24	Acctg, Finance, HR, Facilities, Technology, Strat Plng Contractor - Accounting and Finance
Minnesota Department of Revenue Minnesota State Lottery Harvest Network of Schools	4/19 - 4/22 5/17 - 4/19 9/15 - 12/16	Strat Plng, Tax Plng, Policy Dev budgeting, Leg. Affairs Strat Plng, Operations, Budgets and Staffing HR, Staffing, Budgets, Strat Plng, Operations

Other than in relation to your Minnesota certificate by this Board, have you ever been suspended, expelled, revoked or otherwise disciplined in any manner by any organization related to the practice of public accounting? ☐ Yes\* ☒ No

Have you ever been convicted of any crime, misdemeanor or any other discreditable act? ☐ Yes\* ☒ No

\* If you answered "Yes" to either statement above, include a statement of explanation on a separate sheet.

**READ AND SIGN:**

I acknowledge that since the date of revocation of my certificate, I have not applied for or been issued a certificate by the Board. Further, I acknowledge that since revocation of my certificate, I have not engaged in activities requiring an active certificate. I certify that the information supplied on this application for reinstatement is accurate and that any misrepresentation may be cause for disciplinary action. In accordance with Minn. Stat. §326A.09 (2022), the undersigned requests reinstatement of the revoked certificate. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.

Robert A. Doty  
Signature

6/2/25  
Date

**NOTICE OF COLLECTION OF PRIVATE DATA**

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for licensure. The data you furnish on the application will be used by the Board to assess your qualifications for licensure. The collection of your social security number by the Board is required by both federal and state laws. If you fail to provide this data, the Board may be unable to approve your application or issue your license.

Federal law (42 U.S.C. 666(a)(13)) requires each state to collect social security numbers at the time of application for a professional or occupational license in order to improve effectiveness of child support enforcement.

Additionally, pursuant to Minnesota Statutes §270C.72, Subd. 4 (2022) the Board must provide the Commissioner of the Minnesota Department of Revenue a list of all applicants, including name, address and social security number or Individual Tax Identification Number (ITIN), each calendar year for the purpose of identifying individuals owing delinquent taxes. Pursuant to Minnesota Statutes §13.41, Subd. 2 (2022), all application data, except name and designated address, are private data until licensure is granted. When licensure is granted, all data, except social security number, become public record.

The Board will not share your private data with other persons or agencies unless it is required by law.

CLEAR  
FORM

PRINT  
FORM

## REINSTATEMENT WORKSHEET (STAFF USE ONLY)

Instructions: Complete and attach associated Reinstatement application when presenting to Board.

Name Robert A Doty Certificate # 21968  
(First) (M.I.) (Last) (Suffix)

Expiration Date: 12/31/2015 Revocation Date: 02/05/2018

Status at the time of Revocation: ☒ Active ☐ Inactive

Status Request for Reinstatement: ☒ Active ☐ Inactive

Needs 120 hours of CPE? ☒ Yes\* ☐ No

Fee calculation for reinstatement (excludes \$20 reinstatement fee):

Late renewal fees: \$500  
(\$50 each year since expiration)

Renewal fee: \$100

**TOTAL:** \$600

Prepared by Daniel Stephens

**To:** [REDACTED]  
**Subject:** Request for Extension to Complete CPE Requirements  
**Date:** Friday, August 1, 2025 6:15:21 PM

You don't often get email from [REDACTED]. [Learn why this is important](#)

**This message may be from an external email source.**

Do not select links or open attachments unless verified. Report all suspicious emails to Minnesota IT Services Security Operations Center.

Dear Minnesota Board of Accountancy,

I hope this message finds you well. I am writing to respectfully request an extension to complete the 120-hour CPE requirement for the current 3-year reporting cycle.

While I have satisfied the minimum 20-hour CPE requirement for the current year, I am currently about 10 hours short of the full 120-hour 3-year requirement due to a recent life event. Early this year, I gave birth to my first child. This life-changing event temporarily impacted my ability to complete my CPE coursework by the deadline. The transition into new parenthood has been both rewarding and demanding, and I appreciate your understanding as I navigate this new chapter.

I want to emphasize that I am fully committed to maintaining my professional responsibilities and am actively working to make up the shortfall. I have already completed 5 of the outstanding hours and plan to finish the remaining hours within the next two months.

I kindly ask the Board to consider granting a brief extension so I can fulfill the remaining requirement and waive the non-compliance fee for this reporting cycle, given the nature of the situation. Please let me know if any further information or documentation would be helpful in evaluating this request.

Thank you very much for your time and consideration.

Warm regards,

[REDACTED]





**APPLICATION FOR MINNESOTA  
CPA FIRM PERMIT**

**Permit Fee: \$100**

**NOTE:** Incomplete applications (not all required materials submitted) expire six months from receipt by the Board.

**1. Firm Contact Information**

Proposed Firm Name Integrated Capital Partners LLC DBA Integrated Tax & Accounting HLM

Firm Address 310 Broadway Ave S, Ste 100  
(Provide street address)

City Rochester Main Phone 507-285-0398

State MN Zip 55902 FEIN # or MN Taxpayer ID # [REDACTED]

Name of Manager / Partner in Charge Chad Horkey MN Certificate # 16866  
(Legal First) (Last) (if applicable)

**2. Does your firm have more than one office in Minnesota?** ☒ No ☐ Yes  
If yes, attach a sheet listing the addresses for all offices and the person in charge at each.

**3. Provide the date the firm was formed** 07/24/2025 **and select the firm type below:**  
(MM/DD/YYYY)

☐ CPA Corporation ☐ CPA Limited Liability Partnership  
☐ CPA Partnership ☒ CPA Limited Liability Company

**4. Does your firm have more than one active status CPA?** ☐ No ☒ Yes

**5. List all CPA and RAP Partners, Members, Managers, Shareholders, Directors, and Officers ("Owners") at your firm and provide the requested detail. Attach list, if necessary.**

CPA (or RAP) Owner Name	Minnesota CPA Certificate or RAP Registration # (if applicable)	If no MN license, list a state where owner has current active license	Practicing in Minnesota?	
Chad L Horkey	16866		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Drew Mulford	27552		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Note:** MN Statute 326A.05, Subd. 6 requires you to notify the Board of any change in ownership or number or location of offices within Minnesota within 30 days of its occurrence.

**6. List of Minnesota resident non-CPA/non-RAP owners:\***

Provide the names of all non-CPA/non-RAP partners, members, shareholders, directors, or officers ("owners") of the firm who reside in Minnesota. Attach list, if necessary.

\* Be sure to complete a [Non-CPA/Non-RAP Owner of Firm Statement](#) (page 5) and enclose the \$45.00 fee for each individual listed.

Robert Landgraf

**7. Non-CPA/non-RAP owners—resident and nonresident combined—hold, in total, what percentage of:**

Voting interest in the firm? 33 % Financial interest in the firm? 33 %

**8. Does your firm hold or has it applied for a permit in any state other than Minnesota?** ☒ No—Skip to Question 10. ☐ Yes—List all states below or, if necessary, attach a list.

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**9. If you answered "yes" to Question 8, was your permit/permit application in any of these states revoked, suspended, or denied?** ☐ No ☐ Yes—Attach a statement of explanation.

**10. DESIGNATION AFFIDAVIT FOR FIRM PERMIT APPLICATION**

Read all statements and sign the affidavit below.

1. The firm has verified that all CPA owners, partners, shareholders, members, managers, directors and officers of the firm who have their principal place of business located in Minnesota have an active certificate.
2. All attest and compilation services rendered by the firm in this state are under the charge of a person holding a valid certificate with an active status or a person who has been granted practice privileges under Minnesota Statute §326A.14 (2022).
3. The firm has an audit documentation retention and destruction policy that complies with Minnesota Rules 1105.7850.G (2023).
4. The firm has verified that—if applicable—all Minnesota non-CPA/non-RAP owners have completed a Minnesota Non-CPA/Non-RAP Owner of Firm Statement and registered with the Board.
5. All individual employees of the firm who have been granted practice privileges under Minnesota Statute §326A.14 (2022), or who hold certificates and reside or practice in this state and those persons specified in part 1105.4000.E (2023), who are responsible for supervising attest or compilation services or who sign or authorize someone to sign an accountant's report on financial statements have met the competency requirements set out in professional standards.

**Affidavit: I swear or affirm that I have read the foregoing application and that the statements are true and complete.**

Printed Name of Partner/Shareholder/Officer

Chad L. Horkey

Signature of Partner/Shareholder/Officer

Chad L. Horkey

Date

7/30/25

## FIRM PEER REVIEW STATEMENT

1. Did/will your firm do work under the following standards?	Current Year		Next Year	
Statements on Auditing Standards (SAS)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Statements on Standards for Accounting and Review Services (SSARS)*	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Statements on Standards for Attestation Engagements (SSAE)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Generally Accepted Government Auditing Standards (the Yellow Book)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
PCAOB Auditing Standards	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\* Excludes engagements done under SSARS No. 21, AR-C section 70

If you answered **"No"** to all items in question 1, **sign** the affidavit below, then **skip** to the **next page**.

I swear or affirm that during the past year my firm did not perform attest or compilation services and does not plan to do so in the coming year. If the firm does engage in such practice, I will notify the Minnesota Board of Accountancy within 30 days. Therefore my firm is exempt from peer review requirements. I further certify that this information is correct and understand that my deliberate misrepresentation may result in disciplinary action against my certificate and/or the firm permit.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

If you answered **"Yes"** to any item in question 1 above, **complete questions 2-5 below**.

Note: Under [MN Statute 326A.05 Subd. 8](#) and [MN Rule 1105.4600-5400](#), your firm is required to undergo a peer review with respect to the nonpublic company practice. If your firm is not currently participating in a peer review program, please see [MN Rule 1105.5100](#).

**2. Is your firm registered with the Public Company Accounting Oversight Board (PCAOB)?**

☐ Yes ☒ No

If yes: A. What year was it registered? \_\_\_\_\_  
 B. When was the last review report on your public practice released by the PCAOB? \_\_\_\_\_  
 (If none released, write "none released.")

**3. Indicate the Report Acceptance Body (RAB) you are/will be working with:**

☐ AICPA ☐ MAPA ☒ MNCPA ☐ Other (specify): \_\_\_\_\_

**4. What 12-month period will be reviewed during your initial required peer review?**

August / 2025 to July / 2026  
 (Beginning Month) (Beginning Year) (Ending Month) (Ending Year)

**5. Affidavit:** I certify that the information provided above is complete and accurate.

*Chad L. Horkey*  
 Signature

Chad L. Horkey  
 Printed Name

7/30/25  
 Date



**WORKERS' COMPENSATION LIABILITY  
CERTIFICATE OF COMPLIANCE**

**1. Firm Information**

Firm Name Integrated Capital Partners LLC DBA Integrated Tax & Accounti  
Contact Name Chad Horkey  
Address 310 Broadway Ave S, Ste 100  
City Rochester  
State MN Zip 55904

**2. Mark the applicable option (A or B) and provide the requested details.**



**A. I have workers' compensation liability coverage,  
and below is information regarding it:**

Insurance Company: SFM Mutual Insurance Company

Policy Number: 151916.201 Dates of Coverage: 07/13/25-07/12/26



**B. I am not required to have workers' compensation liability coverage because:**

- ☐ The firm has no employees.
- ☐ I have no employees who are covered by the workers' compensation law.  
(Employed spouses, parents, and children are exceptions to coverage requirements.)
- ☐ I am self-insured and am including a copy of my permit to self-insure with this form.

**3. Affidavit:**

I certify that the information provided above is complete and accurate.

Chad A. Horkey  
Signature

7/30/25  
Date

**Note:** Minnesota Statute 176.182 requires every state and local agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with workers' compensation insurance coverage. If this information is not provided or is falsely stated, it may result in a penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry. This information will be collected by the licensing agency and retained in their files.

## MINNESOTA NON-CPA/NON-RAP OWNER OF FIRM STATEMENT

Complete if you are not a CPA or RAP but **are a firm owner who is a resident of Minnesota**  
(regardless of the firm's location[s]) and submit **\$45.00 fee**.

### 1. Personal Information



I am a resident of Minnesota.

Legal Name Robert T Landgraf  
(First) (M.I.) (Last) (Suffix)

Former Name  
(if used previously) \_\_\_\_\_

Work Phone \_\_\_\_\_

Firm Name Integrated Capital Partners, LLC DBA Integrated T

Address 845 2nd St NW  
(Provide street address)

City Rochester

State MN Zip 55901

2. What percentage of voting interest do you hold in the firm? 33 %

3. What percentage of financial interest do you hold in the firm? 33 %

4. List all the Minnesota professional licenses you hold and any disciplinary action taken against those licenses in the last five years:

License #	Profession	Disciplinary Action (if any)
40042038	MN Insurance License	n/a

### 5. Affidavit:

I certify that the above information is complete and accurate, that I actively participate in the firm on a full-time basis, and that I agree to comply with the rules adopted by the Minnesota Board of Accountancy.

Signature



Date

7/30/25



# Office of the Minnesota Secretary of State

## Certificate of Assumed Name

*Minnesota Statutes, Chapter 333*



The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable customers to be able to identify the true owner of a business.

**ASSUMED NAME:** Integrated Tax & Accounting HLM

**PRINCIPAL PLACE OF BUSINESS:** 310 Broadway Ave S, Ste 100 Rochester MN 55904 USA

**APPLICANT(S):**

<b>Name:</b>	<b>Address:</b>
Integrated Capital Partners, LLC	310 Broadway Ave S, Ste 100 Rochester MN 55904 USA

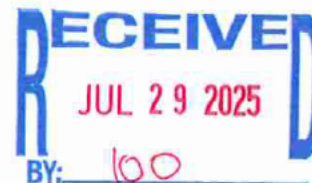
If you submit an attachment, it will be incorporated into this document. If the attachment conflicts with the information specifically set forth in this document, this document supersedes the data referenced in the attachment.

*By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.*

**SIGNED BY:** Robert Landgraf

**MAILING ADDRESS:** PO Box 782 Rochester MN 55903

**EMAIL FOR OFFICIAL NOTICES:** [REDACTED]



**APPLICATION FOR MINNESOTA  
CPA FIRM PERMIT**  
Permit Fee: \$100

NOTE: Incomplete applications (not all required materials submitted) expire six months from receipt by the Board.

**1. Firm Contact Information**

Proposed Firm Name Brady Martz, LLC

Firm Address 401 Demers Ave, STE 300  
(Provide street address)

City Grand Forks Main Phone 701-775-4685

State North Dakota Zip 58201 FEIN # or MN Taxpayer ID # [REDACTED]

Name of Manager / Partner in Charge Stacy DuToit MN Certificate # (if applicable)  
(Legal First) (Last)

Is the address above the main office in the HOME JURISDICTION on your Secretary of State filing? ☒ Yes ☐ No (If no, enclose that address with this application.)

**2. Does your firm have more than one office in Minnesota?** ☐ No ☒ Yes

If yes, attach a sheet listing the addresses for all offices and the person in charge at each.

**3. Provide the date the firm was formed** 05/07/2024 **and select the firm type below:**  
(MM/DD/YYYY)

☐ CPA Corporation ☐ CPA Limited Liability Partnership  
☐ CPA Partnership ☒ CPA Limited Liability Company

**4. Does your firm have more than one active status CPA?** ☐ No ☒ Yes

**5. List all CPA and RAP Partners, Members, Managers, Shareholders, Directors, and Officers ("Owners") at your firm and provide the requested detail. Attach list, if necessary.**

CPA (or RAP) Owner Name	Minnesota CPA Certificate or RAP Registration # (if applicable)	If no MN license, list a state where owner has current active license	Practicing in Minnesota?	
See attached list			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: MN Statute 326A.05, Subd. 6 requires you to notify the Board of any change in ownership or number or location of offices within Minnesota within 30 days of its occurrence.

**6. List of Minnesota resident non-CPA/non-RAP owners:\***

Provide the names of all non-CPA/non-RAP partners, members, shareholders, directors, or officers ("owners") of the firm who reside in Minnesota. Attach list, if necessary.

\* Be sure to complete a Non-CPA/Non-RAP Owner of Firm Statement (page 5) and enclose the \$45.00 fee for each individual listed.

N/A

**7. Non-CPA/non-RAP owners—resident and nonresident combined—hold, in total, what percentage of:**

Voting interest in the firm? 6.41 % Financial interest in the firm? 6.41 %

**8. Does your firm hold or has it applied for a permit in any state other than Minnesota?** ☐ No—Skip to Question 10. ☒ Yes—List all states below or, if necessary, attach a list.

Arkansas, California, Connecticut, Iowa, Montana, Nebraska, New Jersey, New Mexico, North Dakota, Oklahoma, south Dakota, Texas, Utah, Washington, Wisconsin and Wyoming.


**9. If you answered "yes" to Question 8, was your permit/permit application in any of these states revoked, suspended, or denied?** ☒ No ☐ Yes—Attach a statement of explanation.

**10. DESIGNATION AFFIDAVIT FOR FIRM PERMIT APPLICATION**

Read all statements and sign the affidavit below.

1. The firm has verified that all CPA owners, partners, shareholders, members, managers, directors and officers of the firm who have their principal place of business located in Minnesota have an active certificate.
2. All attest and compilation services rendered by the firm in this state are under the charge of a person holding a valid certificate with an active status or a person who has been granted practice privileges under Minnesota Statute §326A.14 (2022).
3. The firm has an audit documentation retention and destruction policy that complies with Minnesota Rules 1105.7850.G (2023).
4. The firm has verified that—if applicable—all Minnesota non-CPA/non-RAP owners have completed a Minnesota Non-CPA/Non-RAP Owner of Firm Statement and registered with the Board.
5. All individual employees of the firm who have been granted practice privileges under Minnesota Statute §326A.14 (2022), or who hold certificates and reside or practice in this state and those persons specified in part 1105.4000.E (2023), who are responsible for supervising attest or compilation services or who sign or authorize someone to sign an accountant's report on financial statements have met the competency requirements set out in professional standards.

**Affidavit: I swear or affirm that I have read the foregoing application and that the statements are true and complete.**

Printed Name of Partner/Shareholder/Officer	Signature of Partner/Shareholder/Officer	Date
Joshua Opp		7/29/2025

## FIRM PEER REVIEW STATEMENT

1. Did/will your firm do work under the following standards?	Current Year		Next Year	
Statements on Auditing Standards (SAS)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Statements on Standards for Accounting and Review Services (SSARS)*	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Statements on Standards for Attestation Engagements (SSAE)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Generally Accepted Government Auditing Standards (the Yellow Book)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
PCAOB Auditing Standards	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

\* Excludes engagements done under SSARS No. 21, AR-C section 70

If you answered "No" to all items in question 1, sign the affidavit below, then skip to the next page.

I swear or affirm that during the past year my firm did not perform attest or compilation services and does not plan to do so in the coming year. If the firm does engage in such practice, I will notify the Minnesota Board of Accountancy within 30 days. Therefore my firm is exempt from peer review requirements. I further certify that this information is correct and understand that my deliberate misrepresentation may result in disciplinary action against my certificate and/or the firm permit.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

If you answered "Yes" to any item in question 1 above, complete questions 2-5 below.

**Note:** Under MN Statute 326A.05 Subd. 8 and MN Rule 1105.4600-5400, your firm is required to undergo a peer review with respect to the nonpublic company practice. If your firm is not currently participating in a peer review program, please see MN Rule 1105.5100.

2. Is your firm registered with the Public Company Accounting Oversight Board (PCAOB)? ☐ Yes ☒ No

If yes: A. What year was it registered? \_\_\_\_\_

B. When was the last review report on your public practice released by the PCAOB? \_\_\_\_\_  
(If none released, write "none released.")

3. Indicate the Report Acceptance Body (RAB) you are/will be working with:

☒ AICPA ☐ MAPA ☐ MNCPA ☐ Other (specify): \_\_\_\_\_

4. What 12-month period will be reviewed during your initial required peer review?

04 / 2024 to 03 / 2027  
(Beginning Month) (Beginning Year) (Ending Month) (Ending Year)

5. Affidavit: I certify that the information provided above is complete and accurate.

Signature \_\_\_\_\_

Joshua Opp

Printed Name \_\_\_\_\_

07/29/2025

Date \_\_\_\_\_

**WORKERS' COMPENSATION LIABILITY  
CERTIFICATE OF COMPLIANCE**

**1. Firm Information**

Firm Name Brady Martz, LLC  
Contact Name Stacy DuToit  
Address 401 Demers Ave, STE 300  
City Grand Forks  
State North Dakota Zip 58201

**2. Mark the applicable option (A or B) and provide the requested details.**



**A. I have workers' compensation liability coverage,  
and below is information regarding it:**

Insurance Company: The Travelers Indemnity Company

Policy Number: UB-3K22016A Dates of Coverage: 2/13/25 - 2/13/26




**B. I am not required to have workers' compensation liability coverage because:**

- ☐ The firm has no employees.
- ☐ I have no employees who are covered by the workers' compensation law.  
(Employed spouses, parents, and children are exceptions to coverage requirements.)
- ☐ I am self-insured and am including a copy of my permit to self-insure with this form.

**3. Affidavit:**

I certify that the information provided above is complete and accurate.

Signature



7/29/2025

Date

**Note:** Minnesota Statute 176.182 requires every state and local agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with workers' compensation insurance coverage. If this information is not provided or is falsely stated, it may result in a penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry. This information will be collected by the licensing agency and retained in their files.

2. Does your firm have more than one office in Minnesota? Yes

100 Third Street East

Thief River Falls, MN 56701-2006

In charge: Dave Onkka

117 S Broadway (we are closing this office 9/30/2025)

Crookston, MN 56716

In charge: Amanda Scanson

#### Firm Peer Review Statement

2. Brady Martz, LLC is not currently registered with the PCAOB, but we plan to be by 10/1/2025.

4. Brady Martz, LLC is a corporate reorganization of Brady, Martz & Associates, P.C. Brady Martz, LLC will follow existing peer review schedule as Brady, Martz & Associates, P.C.

CPA Owner Name	MN CPA Certificate #	Current active license state	Practicing in Minnesota?
Matthew Laughlin	21887		Y
Brian Opsahl	22991		Y
Nicole Heldstab	25103		Y
Amanda Scanson	29366		Y
David Onkka	16584		Y
Tracee Bruggeman	18118		Y
Jason Steffenhagen	24868		Y
Jacob Franklin		ND	Y
Brian Bina		ND	Y
Cheri Haarstick		ND	Y
Jeremy Ulmer		ND	Y
Michael Sundquist		ND	N
Daniel Macintosh		ND	N
David Holt		ND	Y
Perry Mattson		ND	N
Timothy Mehlhoff		ND	N
Christopher Weippert		ND	Y
Amy Haagenson		ND	Y
Justin Burchill		ND	Y
Cory Kaufman		ND	Y
Anthony Weisser		ND	Y
Ashley Engel		ND	Y
Charles Jacobi		ND	Y
Brady Johs		ND	Y
Brooks Binstock		ND	Y
Steven Ulven		ND	Y
Daryl Heizelman		ND	N
Thomas Will		ND	Y
Linda Langmaack		ND	N
Adam Schatz		ND	N
Kevin Sanders		ND	N
Tina Nordquist		ND	N
Ryan Bakke		ND	Y
Tory Hill		ND	Y
Jordan Rodgers		ND	N
Michael Montonye		ND	N
Stacy DuToit		ND	N
Melinda Piatz		ND	N
Lance Rambousek		ND	N
Tahnee Magnus		ND	Y
Timothy Paulson		ND	N
Brian Fisher		ND	N
Harmony Kolling		ND	Y
Nicholas Peterson		ND	Y
Ryan Anema		SD	N
Shawn Blom		SD	N
Henry DeHaan		SD	N
Patrick Dooley		SD	N
Heather Hofer		SD	N
Heath Kooiman		SD	N
Eric Maas		SD	N
Trent Prins		SD	Y
Tim Stotz		SD	N
Debora Gruhn		SD	N

## Office of the Minnesota Secretary of State Certificate of Authority

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name in Minnesota: Brady Martz, LLC

Name in Home Jurisdiction: Brady Martz, LLC

File Number: 1571005400022

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: North Dakota

This certificate has been issued on: 07/29/2025



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota



**Report on the Firm's Conformity With Professional Standards on Engagements Reviewed**

June 10, 2024

To the Partners of Bertolas & Pekula, LLC  
and the Peer Review Committee of the Minnesota Association of Public Accountants:

I have reviewed selected accounting engagements of Bertolas & Pekula, LLC (the firm) issued with periods ending during the year ended December 31, 2023. My peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in an Engagement Review as described in the Standards may be found at [www.aicpa.org/prsummary](http://www.aicpa.org/prsummary).

**Firm's Responsibility**

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

**Peer Reviewer's Responsibility**

My responsibility is to evaluate whether the engagements submitted for review were performed and reported on in conformity with applicable professional standards in all material respects.

An Engagement Review does not include reviewing the firm's system of quality control and compliance therewith and, accordingly, I express no opinion or any form of assurance on that system.

**Conclusion**

Based on my review, nothing came to my attention that caused me to believe the engagements submitted for review by Bertolas & Pekula, LLC issued with periods ending during the year ended December 31, 2023, were not performed and reported on in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. Bertolas & Pekula, LLC has received a peer review rating of *pass*.



Thomas J Zachman CPA LLC  
Clear Lake, Minnesota



Affiliated with  
National Society of Accountants  
Established in 1940

## MINNESOTA ASSOCIATION OF PUBLIC ACCOUNTANTS

Phone: 612-366-1983  
Fax: 763-263-8020  
Website: [www.mapa-mn.com](http://www.mapa-mn.com)

PO Box 301  
Big Lake, MN 55309

**President**

ALYCIA GILB, CPA

August 21, 2024

**Vice President**

CHAD SILBERNICK, EA

Bertolas & Pekula, LLC  
6575 141<sup>st</sup> Ave NW, Ste 200  
Ramsey, MN 55303

**Secretary**

**Treasurer**

JACEN GONDRINGER, CPA

**Past President**

DIANE ST. SAUVER, CPA

It is my pleasure to inform you that on August 21, 2024, the Minnesota Association of Public Accountants Peer Review Committee accepted the report covering the peer review of your firm for the year ended December 31, 2023.

**Executive Director**

ERIN NEBBEN

The committee wishes to convey its congratulations to you and your firm on the results of your Peer Review.

**To comply with licensing Requirements, it is your responsibility to send a copy of this letter and your Review Report to the State Board of Accountancy.** Also, if you have further questions or need clarification about what paperwork the State Board of Accountancy (BOA) needs from you, please contact Doreen Johnson, BOA Executive Director.

Please note that any future requests for replacement copies of this letter or other review documents will require an administrative fee of \$25.00.

**Your next review is due to MAPA for review in 2027 for year ended December 31, 2026.** Reviews due must be submitted to MAPA no later than six months after the year end reporting date. If for any reason you believe that the firm is not in this review cycle, please contact the committee.

Sincerely,

Erin Nebben  
MAPA Executive Director

cc: Tom Zachman

**Report on the Firm's System of Quality Control**

March 22, 2025

To the Owners of Lewis & Mount LLC and the  
Peer Review Committee of the  
Minnesota Society of Certified Public Accountants

We have reviewed the system of quality control for the accounting and auditing practice of Lewis & Mount LLC (the firm) in effect for the year ended September 30, 2024. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at [www.aicpa.org/prsummary](http://www.aicpa.org/prsummary). The summary also includes an explanation of how engagements identified as not performed or reported on in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

**Firm's Responsibility**

The firm is responsible for designing and complying with a system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with the requirements of applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported on in conformity with the requirements of applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

**Peer Reviewer's Responsibility**

Our responsibility is to express an opinion on the design of and compliance with the firm's system of quality control based on our review.

**Required Selections and Considerations**

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

**Opinion**

In our opinion, the system of quality control for the accounting and auditing practice of Lewis & Mount LLC in effect for the year ended September 30, 2024, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. Lewis & Mount LLC has received a peer review rating of *pass*.

*Schutz CPA, Ltd.*

Schutz CPA, Ltd.



AICPA®

Peer Review  
Program

Administered in Minnesota and North Dakota  
by the Minnesota Society of Certified Public Accountants

July 24, 2025

Christopher Lewis  
Lewis & Mount LLC  
5151 Edina Industrial Blvd Ste 250  
Edina, MN 55439-3063

Dear Christopher Lewis:

It is my pleasure to notify you that on July 24, 2025, the Minnesota Peer Review Committee accepted the report on the most recent System Review of your firm. The due date for your next review is March 31, 2028. This is the date by which all review documents should be completed and submitted to the administering entity. Since your due date falls between January and April, you can arrange to have your review a few months earlier to avoid having a review during tax season.

As you know, the report had a peer review rating of pass. The Committee asked me to convey its congratulations to the firm.

Thank you for your cooperation.

Sincerely,

Faye Hayhurst  
Director of Finance and Administration



cc: Jennifer Schutz

Firm Number: 900005891458

Review Number: 612921



**Main Office**  
1211 SW 5<sup>th</sup> Ave, Suite 1000  
Portland, OR 97204  
503 221 0336

**Washington Office**  
805 Broadway, Suite 405  
Vancouver, WA 98660  
360 397 0097

## Report on the Firm's System of Quality Control

September 23, 2024

To the Members of Fruci & Associates II, PLLC and the  
National Peer Review Committee

We have reviewed the system of quality control for the accounting and auditing practice of Fruci & Associates II, PLLC (the firm) applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended March 31, 2024. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at [www.aicpa.org/prsummary](http://www.aicpa.org/prsummary). The summary also includes an explanation of how engagements identified as not performed or reported on in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

### Firm's Responsibility

The firm is responsible for designing and complying with a system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with the requirements of applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported on in conformity with the requirements of applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

### Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of and compliance with the firm's system of quality control based on our review.

### Required Selections and Considerations

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

### Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Fruci & Associates II, PLLC applicable to engagements not subject to PCAOB permanent inspection in effect for the year ended March 31, 2024, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. Fruci & Associates II, PLLC has received a peer review rating of *pass*.

*Perkins & Company, P.C.*

Perkins & Company, P.C.





May 30, 2025

Kemper Rojas  
Fruci & Associates II, PLLC  
802 N Washington St  
Spokane, WA 99201-2297

Dear Kemper Rojas:

It is my pleasure to notify you that on May 28, 2025, the National Peer Review Committee accepted the report on the most recent System Review of your firm. The due date for your next review is September 30, 2027. This is the date by which all review documents should be completed and submitted to the administering entity.

As you know, the report had a peer review rating of pass. The Committee asked me to convey its congratulations to the firm.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Liz Gantnier", with a stylized flourish at the end.

Liz Gantnier  
Chair, National PRC

cc: Travis Irving

Firm Number: 900005934775

Review Number: 608268

01671

**Lewis, Kisch &  
Associates, Ltd.**  
CERTIFIED PUBLIC ACCOUNTANTS

HANDOUT 11E12

Thomas A. Madsen, CPA  
Diana L. Weddigen, CPA  
Samantha R. Mulvihill, CPA

1125 South Frontage Road, Suite 1  
Hastings, MN 55033  
T (651) 437-3356  
F (651) 437-3808  
www.lewiskisch.com

**Report on the Firm's System of Quality Control**

May 29, 2025



To the Shareholders of KBA Peterson Associates, Inc.  
and the Peer Review Committee of the Minnesota Society of Certified Public Accountants

We have reviewed the system of quality control for the accounting and auditing practice of KBA Peterson Associates, Inc. (the firm) in effect for the year ended December 31, 2024. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at [www.aicpa.org/prsummary](http://www.aicpa.org/prsummary). The summary also includes an explanation of how engagements identified as not performed or reported on in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

**Firm's Responsibility**

The firm is responsible for designing and complying with a system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with the requirements of applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported on in conformity with the requirements of applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

**Peer Reviewer's Responsibility**

Our responsibility is to express an opinion on the design of and compliance with the firm's system of quality control based on our review.

**Required Selections and Considerations**

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

**Opinion**

In our opinion, the system of quality control for the accounting and auditing practice of KBA Peterson Associates, Inc. in effect for the year ended December 31, 2024, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. KBA Peterson Associates, Inc. has received a peer review rating of *pass*.

Respectfully submitted,

*Lewis, Kisch & Associates, Ltd.*





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by the Minnesota Society of Certified Public Accountants

July 24, 2025

Trudy Peterson  
KBA Peterson Associates, Inc.  
2901 Bemidji Ave N  
Bemidji, MN 56601-4316

Dear Trudy Peterson:

It is my pleasure to notify you that on July 24, 2025, the Minnesota Peer Review Committee accepted the report on the most recent System Review of your firm. The due date for your next review is June 30, 2028. This is the date by which all review documents should be completed and submitted to the administering entity.

As you know, the report had a peer review rating of pass. The Committee asked me to convey its congratulations to the firm.

Thank you for your cooperation.

Sincerely,

Faye Hayhurst  
Director of Finance and Administration

cc: Diana Weddigen

Firm Number: 900010132195

Review Number: 613716