



# OFFICE *of* ADMINISTRATION

## AUTHORIZED SIGNATURES OFFICE OF ADMINISTRATION ADMINISTRATIVE HEARING COMMISSION

	LAST NAME	FIRST NAME, M	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA	Hale	Vicki	AHC	301 W. High Street, Room 640	Jefferson City, MO 65102	vicki.hale@oa.mo.gov	573-751-5016
AA	McIntosh	Audrey	Presiding Commissioner	301 W. High Street, Room 640	Jefferson City, MO 65102	Aurey.McIntosh@oa.mo.gov	573-751-2422

\*SA = SIGNATURE AUTHORITY

AA = APPOINTING AUTHORITY

POC = POINT OF CONTACT