

(Return in triplicate)

FISCAL NOTE

Bill/Resolution No.: _____ Amendment to: Senate Bill No. 2164

Requested by: Legislative Council Date of Receipt: _____

Please estimate the fiscal impact of the above measure for:

State general or special funds Counties Cities

In the following space note the fiscal effect in dollars of this measure:

Narrative:

As amended, this bill should have no significant fiscal impact.

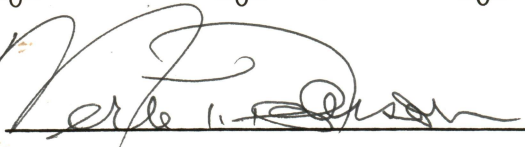
State Fiscal Effect:

1987-88		1988-89		Biennium Total	
Special Funds	General Fund	Special Funds	General Fund	Special Funds	General Fund
-0-	-0-	-0-	-0-	-0-	-0-

County and City Fiscal Effect:

1987-88		1988-89		Biennium Total	
Counties	Cities	Counties	Cities	Counties	Cities
-0-	-0-	-0-	-0-	-0-	-0-

If additional space is needed, attach a supplemental sheet.

Signed 

Typed Name MERLE T. PEDERSON

Date Prepared: 1-26-87

Department INSURANCE DEPARTMENT