FISCAL NOTE

prepared in regard to:	
(List bill or resolution and number, if available, or subject)	
Amendment to:	
(List bill o	or resolution and number
Requested by: Legislative Council Da	ate of receipt: 12-27 1974
In the following space note the fiscal effect in dollars of	
the legislative proposal. If additional space is needed, attach a	
supplementary sheet. (Please type)	
No increased costs of either administrative or benefits.	
Date of preparation:	
	Signed Bronald Thompson
	Typed Name- Bronald Tompson, Chairman
	Department_ Workmen's Compensation Bureau