(Return in triplicate)	FISCAL NOTE	
Bill/Resolution No.: S		dment to:
Requested by: Legislative Council Date of Receipt:		
Please estimate the fiscal impact of the above measure for:		
X State general or special funds Counties Cities		
In the following space note the fiscal effect in dollars of this measure:		
Narrative: House Bill No. 2357 should have no fiscal impact.		
State Fiscal Effect:		
1985-86	1986-87	Biennium Total
Special General Funds Fund	Special General Funds Fund	Special General Funds Fund
County and City Fiscal Effect:		
1985-86	1986-87	Biennium Total
Counties Cities	<u>Counties</u> <u>Cities</u>	<u>Counties</u> <u>Cities</u>
		•

If additional space is needed, attach a supplemental sheet.

Signed

Typed Name ___Bud Walsh

Date prepared: 1/23/85

Department OMB