Bill/Resolution No.: House Bill I	No. 1077 Amen	dment to:	
Requested by: <u>Legislative Counci</u>	l Date	e of Receipt: _	12/9/86
Please estimate the fiscal impact	of the above	measure for:	
X State general or special funds	Coun	nties Cit	ies
In the following space note the fineasure:	iscal effect i	n dollars of th	nis
Narrative:			
No cost to the State to implement this	bill.		
			*
State Fiscal Effect:			
Special General Special			General
Funds Fund Funds	_Fund	Funds	_Fund
None N	one	None	
County and City Fiscal Effect:			
	1988-89		Total
<u>Counties</u> <u>Cities</u> <u>Counties</u>	Cities	Counties	Cities
If additional space is needed,	Signed /	lay Torson	1
attach a supplemental sheet.	Typed Name _	Alan Person	
Date Prepared: 12/11/86	Department _	North Dakota Publ Retirement System	Name and Address of the Owner, where the Party of the Owner, where the Owner, which is the Owner, which i