(Return in triplicate)	FISCAL NOTE	
Bill/Resolution No.: He	ouse Bill No. 1094 Amend	ment to:
Requested by: Legisla	tive Council Date	of Receipt:
Please estimate the fi	scal impact of the above m	easure for:
X State general or sp	ecial funds Count	ies Cities
In the following space measure:	note the fiscal effect in	dollars of this
<pre>Narrative:</pre>		
There is no cost to the Sta	ate to implement this bill.	
<b>.</b>		
State Fiscal Effect:		
Special General Funds Fund	1988-89 Special General Funds Fund	Biennium Total Special General Funds Fund
None	None	None
County and City Fiscal	Effect:	
1987-88 Counties Cities	1988-89 Counties Cities	Biennium Total Counties Cities
		<u>commuted</u> <u>cities</u>
		4.0

If additional space is needed, attach a supplemental sheet.

Signed If Well Drown

Typed Name Alan Person

Date Prepared: 1/5/87 Department Public Employees Retirement System