(Return in triplicate)	FISCAL 1	NOTE		
Bill/Resolution No.:		Amendment to: <u>HB 1112</u>		
Requested by Legislativ	Date of Request: _1-21-91			
Please estimate the fis	cal impact of	the above me	easure for:	
X State general or	Cour	nties	 Cities 	
In the following space measure:	note the fisca	al effect in	dollars of	this
Narrative:				
This amendment to the meto the Health Council meto be nil.				
State Fiscal Effect:				
1991-92 General Special _FundFunds	1992-9 General Fund	93 Special _Funds	Biennium General Fund	Total Special Funds
0 0	0	0	0	0

Fund	<u>Funds</u>	Fund	_Funds_	_Fund	Funds_
0	0	0	0	0	0
County and	d City Fiscal	Effect:			
1993 Counties	1-92 <u>Cities</u>	1992 Counties	Cities	Biennium Counties	Total Cities

If additional space is needed,	Signed Robert M. Wenty MD		
attach a supplemental sheet.	Robert M. Wentz, M.D.		
	Typed Name <u>State Health Officer</u>		
	Health & Consolidated		
Date Prepared: <u>1-22-91</u>	Department <u>Laboratories</u>		
	Phone Number <u>224-2372</u>		