Small Business Impact Questionnaire

The following questions pertain to how the changes in the Nevada Administrative Code presented in the enclosure will affect your business. If it is determined that the proposed regulation is likely to impose a direct and significant economic burden upon a small business, or directly restrict the formation, operation or expansion of a small business, then the agency will take any or all of the following actions:

1. Insofar as practicable, consult with owners and officers of affected small businesses,

2. Consider methods to reduce the impact of the proposed regulation, and

3. Prepare a small business impact statement and make copies of the statement available to the public at the workshop conducted and the public hearing held pursuant to NRS 233B.061.

Please answer each of the questions that apply and add any qualifying remarks that may help us to understand your position. **Mail, fax or scan and email your completed form so it is received by the Division on or prior to 5:00 PM on December 3, 2013** to:

Joseph Theile, Management Analyst II
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Medical Marijuana Program
4150 Technology Way, 2nd Floor
Carson City, NV 89706
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Your Name JOHN LUPRANO

Organization INDIAN HILLS GENERAL IMPROVEMENT DISTRICT

Date 12-2-13

NRS 233B.0382 "Small Business defined." "Small business" means a business conducted for profit, which employs fewer than 150 full-time or part-time employees.

1. How many employees are currently employed by your business? 11

If more than 150, you will not need to answer the rest of the questions. Please MAIL, FAX or EMAIL the questionnaire to the above address. If less than 150, please continue with the remaining questions.

2. Will a specific regulation have an adverse economic effect upon your business? If so, please indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation as to how the dollar amount was calculated.

Yes_____ No_X_____ Explain: Please list each regulation and explain the impact.

3. Will the regulation(s) have any beneficial effect upon your business? If so, please include any cost savings you believe the adopted regulations will save you over one calendar year with an estimated dollar amount if applicable.

Yes_____ No_X_____

Explain:

4. Do you anticipate any indirect adverse effects upon your business?

Yes_____ No_X_____

Explain:

5. Do you anticipate any indirect beneficial effects upon your business?

Yes_____ No_X_____

Explain: