Return to:	Due no later than December 31, 2006 Annual Report Form	2. Registered Agent and Office NO PO BO
SECRETARY OF STATE	1. Mailing Address - Correct In this box, if applicable	WORKMAN MANAGEMENT INC
PO BOX 83720-0131-120	WORKMAN FAMILY PARTNERSHIP, A LIMIT STURY FACCOPERSO WEST AND AND THE PROPERTY OF THE PROPER	Twin Fals, ID 88801
NO FILING FEE IF RECEIVED BY DUE DATE	•3307	3. New Registered Agent Signature
	r Names and Business Addresses of General Pa	riners
Office held Name President Melva Work	Street or P.O. Address	State Zip
		•
Organized Under the Laws of:	6.	
Organized Under the Laws of: IDAHO L 529	6. Signature Melva Workn Name Printed) Melva Workna	Date 10-12-06