Workshops, Inc.
Service Through Work

2520032543948

PERSONAL, PRIVATE AND CONFIDENTIAL

U. S. Department of Labor
Office of Employee Benefits Security,
Labor Management Services Administration
Washington, D.C. 20216

RE: Deferred Compensation Reporting
and Disclosure Compliance Statement

Gentlemen:

1. Name and Address of Employer:

Workshops, Inc.
4244 3rd Avenue South
Birmingham, Alabama 35222

8475

2. Employer Identification Number: 63-0320201

3. Declaration: Workshops, Inc. maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly-compensated employees.

4. Number of Plans Maintained by Employer: Workshops, Inc. maintains one (1) plan of deferred compensation covering one (1) employee.

Enclosed is our check in the amount of $1,000 covering the one-time penalty tax required with this statement.

Very truly yours,

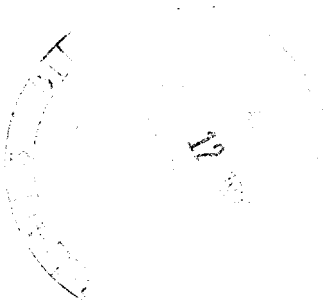
James Crim

James Crim
Executive Director

ACW/ks

Enclosure

29060LTR.ACW



8475

Workshops, Inc.
Service Through Work
4244 3rd Avenue South
Birmingham, Alabama 35222

Affix at the over top of envelope to the right of the return address

CERTIFIED

P 329 233 502

MAIL

BIRMINGHAM AL 35
PM

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Office of Employee Benefits Security,
Labor Management Services Administration
Washington, D.C. 20216

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