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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------|---------|----------------------------|--|
| No. <b>W 91423</b>                                                                                                                                     |                    | <b>Due no later than Mar 31, 2014</b>                                                                                                                                                                       |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>                                |         |                            |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>AMERICAN HOSPITAL SERVICES GROUP LLC<br>JEFFREY T HEUNERS<br>3000 C ST STE 301<br>ANCHORAGE AK 99503-3975 |           | NATIONAL REGISTERED AGENTS INC<br>921 S ORCHARD ST STE G<br>BOISE ID 83705<br>USA |         |                            |  |
|                                                                                                                                                        |                    |                                                                                                                                                                                                             |           | 3. <u>New</u> Registered Agent Signature:*                                        |         |                            |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                    |                                                                                                                                                                                                             |           |                                                                                   |         |                            |  |
| Office Held                                                                                                                                            | Name               | Street or PO Address                                                                                                                                                                                        | City      | State                                                                             | Country | Postal Code                |  |
| MANAGER                                                                                                                                                | JEFFREY T. HUENERS | 3000 C STREET SUITE 301                                                                                                                                                                                     | ANCHORAGE | AK                                                                                | USA     | 99503                      |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                                                                           |           |                                                                                   |         |                            |  |
| <b>DE<br/>W 91423</b>                                                                                                                                  |                    | Signature: Roxane Montgomery                                                                                                                                                                                |           |                                                                                   |         | Date: 01/30/2014           |  |
|                                                                                                                                                        |                    | Name (type or print): Roxane Montgomery                                                                                                                                                                     |           |                                                                                   |         | Title: Sr. Legal Assistant |  |
| Processed 01/30/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                                   |           |                                                                                   |         |                            |  |