

1.) CORPORATION NAME:

THE PEOPLES BANK

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

GEORGE F CRIDLIN

33744 MAIN STREET, SUITE 101

P.O. BOX 703

JONESVILLE, VA 24263

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LEE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **2/28/2011**

SCC ID NO: **00195388**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 100,000 |
| PREFER | 10,000 |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 419 ERIN DR

CITY/ST/ZIP: KNOXVILLE, TN 37919-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|----------------------|---|--|
| NAME: | TRACY THOMPSON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT/CEO | | |
| ADDRESS: | 419 ERIN DR | | |
| CITY/ST/ZIP/CO: | KNOXVILLE, TN 37919- | | |
| NAME: | TRACI PEYTON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SVP | | |
| ADDRESS: | 419 ERIN DR | | |
| CITY/ST/ZIP/CO: | KNOXVILLE, TN 37919- | | |
| NAME: | JASON WILKINSON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SVP | | |
| ADDRESS: | 419 ERIN DR | | |
| CITY/ST/ZIP/CO: | KNOXVILLE, TN 37919- | | |
| NAME: | MICKI TYE YEARY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | P.O. BOX 99 | | |
| CITY/ST/ZIP/CO: | EWING, VA 24248- | | |
| NAME: | HAROLD HIGDON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P.O. BOX 99 | | |
| CITY/ST/ZIP/CO: | EWING, VA 24248- | | |

| | | |
|--|---|-------------------------|
| NAME: JAMES NEVILS TITLE: DIRECTOR ADDRESS: P.O. BOX 99 CITY/ST/ZIP/CO: EWING, VA 24248- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: TYLER THOMPSON TITLE: DIRECTOR ADDRESS: P.O. BOX 99 CITY/ST/ZIP/CO: EWING, VA 24248- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: HOMER VANDERGRUFF TITLE: DIRECTOR ADDRESS: P.O. BOX 99 CITY/ST/ZIP/CO: EWING, VA 24248- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: CHARLES ROBINETTE TITLE: CO-CEO ADDRESS: 419 ERIN DR CITY/ST/ZIP/CO: KNOXVILLE, TN 37919- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: JULIETTE STAMPER TITLE: SVP ADDRESS: 419 ERIN DR CITY/ST/ZIP/CO: KNOXVILLE, TN 37919- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | |
| /s/ JULIETTE STAMPER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | JULIETTE STAMPER, SVP _____ PRINTED NAME AND CORPORATE TITLE | 1/19/2011 _____ DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | |