

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: **2/29/2012**

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAROLD HIGDON DIRECTOR P.O. BOX 99 EWING, VA 24248-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TYLER THOMPSON DIRECTOR P.O. BOX 99 EWING, VA 24248-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOMER VANDERGRUFF DIRECTOR P.O. BOX 99 EWING, VA 24248-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK OVERHOLT DIRECTOR 419 ERIN DR KNOXVILLE, TN 37919-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	JULIETTE STAMPER, SVP	3/16/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.