

1.) CORPORATION NAME:

THE PEOPLES BANK

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GEORGE F CRIDLIN
33744 MAIN STREET, SUITE 101
P.O. BOX 703**

SCC ID NO: **00195388**

JONESVILLE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000
PREFER	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LEE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5499 DR. THOMAS WALKER ROAD

CITY/ST/ZIP: ROSE HILL, VA 24281

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:	SHANE JACKSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	419 ERIN DR		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919		

NAME:	TRACY THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO		
ADDRESS:	419 ERIN DR		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919		

NAME:	JULIETTE STAMPER	<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:	HAROLD HIGDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 255		
CITY/ST/ZIP/CO:	ROSE HILL, VA 24281		

NAME:	MARK OVERHOLT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	419 ERIN DR		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TYLER THOMPSON DIRECTOR 419 ERIN DR KNOXVILLE, TN 37919	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOMER VANDERGRIFF DIRECTOR PO BOX 255 ROSE HILL, VA 24281	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICKI YEARY DIRECTOR PO BOX 255 ROSE HILL, VA 24281	<input type="checkbox"/> OFFICER	<input checked="" 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	1/9/2014 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.			