

1.) CORPORATION NAME:

**CAPON VALLEY BANK**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**DONALD E SHOWALTER**

**100 S MASON ST**

**PO BOX 20028**

**HARRISONBURG, VA 22801**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**WV**

DUE DATE: **5/31/2011**

SCC ID NO: **F1472788**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	36,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 W MAIN ST

CITY/ST/ZIP: WARDENSVILLE, WV 26851-

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: ALAN L BRILL  
TITLE: PRESIDENT  
ADDRESS: 2 W MAIN ST  
CITY/ST/ZIP/CO: WARDENSVILLE, WV 26851-

OFFICER

DIRECTOR

NAME: PATI L COMBS  
TITLE: SR VP-OPERATION  
ADDRESS: 2 W MAIN ST  
CITY/ST/ZIP/CO: WARDENSVILLE, WV 26851-

OFFICER

DIRECTOR

NAME: L FRED BROOKS  
TITLE: SRVP-LNDNG/CP S  
ADDRESS: 2 W MAIN ST  
CITY/ST/ZIP/CO: WARDENSVILLE, WV 26851-

OFFICER

DIRECTOR

NAME: LESLIE A BARR  
TITLE: DIRECTOR  
ADDRESS: PO BOX 4  
CITY/ST/ZIP/CO: WARDENSVILLE, WV 26851-

OFFICER

DIRECTOR

NAME: GERALD SMITH  
TITLE: DIRECTOR  
ADDRESS: 528 PETES SAKE PT  
CITY/ST/ZIP/CO: BAKER, WV 26801-

OFFICER

DIRECTOR

NAME: JOHN G VAN METER TITLE: DIRECTOR ADDRESS: 28 VIRGINIA AVE CITY/ST/ZIP/CO: PETERSBURG, WV 26847-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RAY C FUNKHOUSER TITLE: DIRECTOR ADDRESS: 2549 SR 259 N CITY/ST/ZIP/CO: WARDENSVILLE, WV 26851-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MORRIS M HOMAN, JR. TITLE: DIRECTOR ADDRESS: PO BOX 663 CITY/ST/ZIP/CO: MOOREFIELD, WV 26836-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES R PYLES TITLE: DIRECTOR ADDRESS: PO BOX 270 CITY/ST/ZIP/CO: AUGUSTA, WV 26704-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JACK H WALTERS TITLE: DIRECTOR ADDRESS: PO BOX 119 CITY/ST/ZIP/CO: MOOREFIELD, WV 26836-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL A MCDONALD TITLE: EXECUTIVE VP ADDRESS: 18621 BROCKS GAP RD CITY/ST/ZIP/CO: FULKS RUN, VA 22830-	<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/ ALAN L BRILL	ALAN L BRILL, PRESIDENT
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.	