

1.) CORPORATION NAME:

**Pendleton Community Bank, Inc.**

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**L KIRK BILLINGSLEY  
41 MONTE VISTA DR  
PO BOX 2008**

SCC ID NO: **F1634916**

**HARRISONBURG, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	900,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROCKINGHAM COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WV**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 N MAIN ST

CITY/ST/ZIP: FRANKLIN, WV 26807

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:	L KIRK BILLINGSLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/VP FINANCE		
ADDRESS:	PO BOX 487		
CITY/ST/ZIP/CO:	FRANKLIN, WV 26807		
NAME:	WILLIAM A LOVING JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CEO		
ADDRESS:	PO BOX 487		
CITY/ST/ZIP/CO:	FRANKLIN, WV 26807		
NAME:	WILLIAM E BOSLEY III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 487		
CITY/ST/ZIP/CO:	FRANKLIN, WV 26807		
NAME:	Thomas J BOWMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 487		
CITY/ST/ZIP/CO:	FRANKLIN, WV 26807		
NAME:	ROGER CHAMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 487		
CITY/ST/ZIP/CO:	FRANKLIN, WV 26807		
NAME:	LAURA SIMPSON EVICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 487		
CITY/ST/ZIP/CO:	FRANKLIN, WV 26807		

NAME: JOHN E GLOVER TITLE: DIRECTOR ADDRESS: PO BOX 487 CITY/ST/ZIP/CO: FRANKLIN, WV 26807	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAROLE H HARTMAN TITLE: DIRECTOR ADDRESS: PO BOX 487 CITY/ST/ZIP/CO: FRANKLIN, WV 26807	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD C PHARES TITLE: DIRECTOR ADDRESS: PO BOX 487 CITY/ST/ZIP/CO: FRANKLIN, WV 26807	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: William S. Beard, Jr. TITLE: DIRECTOR ADDRESS: PO Box 487 CITY/ST/ZIP/CO: Franklin, WV 26807	<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/ L KIRK BILLINGSLEY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	L KIRK BILLINGSLEY, CFO/VP FINANCE _____ PRINTED NAME AND CORPORATE TITLE	6/4/2014 _____ 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.		