SUBMISSION COVER SHEET

Exchange Identifier Code **(optional)** ☐ **Date:**

***IMPORTANT*:**

CHECK BOX IF CONFIDENTIAL TREATMENT IS REQUESTED. ☐

ORGANIZATION

FILING AS A: ☐ **DCM** ☐ **DCO** ☐ **DTEF** ☐ **ECM/SPDC**

TYPE OF FILING

- **Rule Amendments**
  - ☐ Self-Certification Under Reg. 40.6(a) or 41.24
  - ☐ Commission Approval Requested Under Reg. 40.5 or 40.4 (a)
  - ☐ Notification of Rule Amendment Under Reg. 40.6(c)
  - ☐ Non-Material Agricultural Rule Change Determination Under Reg. 40.4(b)
- **New Products**
  - ☐ Self-Certification Under Reg. 40.2 or 41.23
  - ☐ Commission Approval Requested Under Reg. 40.3

RULE NUMBERS

DESCRIPTION (Rule Amendments Only)