

**COMMODITY FUTURES TRADING COMMISSION**

**FORM SEF**

**SWAP EXECUTION FACILITY  
APPLICATION OR AMENDMENT TO APPLICATION FOR REGISTRATION**

**COVER SHEET**

LedgerX LLC

**Exact name of Applicant as specified in charter**

2121 North Frontage Road West, Suite 253, Vail, CO 81657

**Address of principal executive offices**

- If this is an **APPLICATION** for registration, complete in full and check here.
- If this is an **AMENDMENT** to an application, or to an existing order of registration, list all items that are amended and check here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

1. Name under which the business of the swap execution facility is or will be conducted, if different than name specified above (include acronyms, if any):

N/A

2. If name of swap execution facility is being amended, state previous swap execution facility name:

\_\_\_\_\_

3. Contact information, including mailing address if different than address specified above:

152 Madison Avenue, 21st Floor

Number and Street

New York

City

NY

State

United States

Country

10016

Zip Code

\_\_\_\_\_  
Main Phone Number

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Website URL

\_\_\_\_\_  
E-mail Address

4. List of principal office(s) and address(es) where swap execution facility activities are/will be conducted:

**Office**

**Address**

Principal Office \_\_\_\_\_

152 Madison Avenue, 21st Floor, New York, NY 10016

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. If the Applicant is a successor to a previously registered swap execution facility, please complete the following:

a. Date of succession

N/A \_\_\_\_\_

b. Full name and address of predecessor registrant

N/A \_\_\_\_\_  
Name

\_\_\_\_\_

Number and Street

\_\_\_\_\_

City

State

Country

Zip Code

\_\_\_\_\_

Main Phone Number

Website URL

**BUSINESS ORGANIZATION**

6. Applicant is a:

Corporation

Partnership

Limited Liability Company

Other form of organization (specify) \_\_\_\_\_

7. Date of incorporation or formation: April 8, 2014 \_\_\_\_\_

8. State of incorporation or jurisdiction of organization: Delaware \_\_\_\_\_

9. The Applicant agrees and consents that the notice of any proceeding before the Commission in connection with this application may be given by sending such notice by certified mail to the person named below at the address given.

Kari Larsen, General Counsel, Chief Regulatory Officer & Interim Chief Compliance Officer  
Print Name and Title

LedgerX LLC  
Name of Applicant

152 Madison Avenue, 21st Floor  
Number and Street

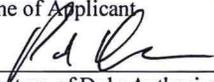
New York \_\_\_\_\_ NY \_\_\_\_\_ 10016  
City State Zip Code

**SIGNATURES**

10. The Applicant has duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this 29th day of September, 2014. The Applicant and the undersigned represent hereby that all information contained herein is true, current, and complete. It is understood that all required items and Exhibits are considered integral parts of this Form SEF and that the submission of any amendment represents that all unamended items and Exhibits remain true, current, and complete as previously filed.

LedgerX LLC

Name of Applicant



Signature of Duly Authorized Person

Paul Chou, Chief Executive Officer

Print Name and Title of Signatory