

COMMODITY FUTURES TRADING COMMISSION

FORM DCM

CONTRACT MARKET

APPLICATION OR AMENDMENT TO APPLICATION FOR DESIGNATION

COVER SHEET

LMX Labs, LLC

Exact name of Applicant as specified in charter

444 W. Lake Street, Suite 900, Chicago, IL 60606

Address of principal executive offices

If this is an **APPLICATION** for designation, complete in full and check here.

If this is an **AMENDMENT** to an application, or to an existing designation, list all items that are amended and check here.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

GENERAL INFORMATION

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

LMX

2. If name of designated contract market is being amended, state previous designated contract market name:

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

Same as above.

Number and Street

City

State

Country

Zip Code

(408) 718-2691

Main Phone number

Fax

www.lmxlabs.com

hbhat@lmxlabs.com

Website URL

E-mail Address

4. List of principal office(s) and address(es) where designated contract market activities are/will be conducted:

Office

Address

Bay Area

101 Jefferson Drive, Menlo Park, CA 94025

5. If Applicant is a successor to a previously designated contract market, please complete the following:

a. Date of succession:

b. Full name and address of predecessor designee

Name

City

State

Country

Zip Code

Main Phone Number

Website URL

BUSINESS ORGANIZATION

6. Applicant is a:

Corporation

[] Partnership

[X] Limited Liability Company

[] Other form of organization
(specify) _____

7. Date of incorporation or formation: **December 23, 2019**

8. State of incorporation or jurisdiction of organization: **Illinois**

9. 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.

Harsha Bhat, Chief Technology Officer

Print Name and Title

LMX Labs, LLC

Name of Applicant

444 W. Lake Street, Suite 900,

Number and Street

Chicago, IL 60606

City

State

Zip Code

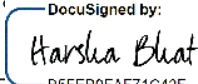
SIGNATURES

10. The Applicant has duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this [27] day of, [February] 2020. 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 DCM and that the submission of any amendment represents that all un-amended items and Exhibits remain true, current, and complete as previously filed.

LMX Labs, LLC

Name of Applicant

DocuSigned by:

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Signature of Duly Authorized Person

Harsha Bhat, Chief Technology Officer

Print Name and Title of Signatory