

COMMODITY FUTURES TRADING COMMISSION

FORM DCM

**CONTRACT MARKET
APPLICATION OR AMENDMENT TO APPLICATION FOR DESIGNATION**

COVER SHEET

LedgerX LLC

Exact name of Applicant as specified in charter

152 Madison Ave, 21st Fl, New York, NY 10016

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):

LedgerX

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:

Number and Street

City	State	Country	Zip Code
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Main Phone number	Fax
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Website URL	E-mail Address
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4. List of principal office(s) and address(es) where designated contract market activities are/will be conducted:

<u>Office</u>	<u>Address</u>
Primary	152 Madison Ave, 21st Fl, New York, NY 10016
_____	_____
_____	_____
_____	_____

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

Number and Street

City	State	Country	Zip Code
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Main Phone Number	Website URL
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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. 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.

Paul Chou, CEO

Print Name and Title

LedgerX LLC

Name of Applicant

152 Madison Ave

Number and Street

New York

NY

10016

City

State

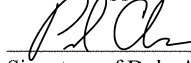
Zip Code

SIGNATURES

10. The Applicant has duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this 7 day of November, 2018. 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.

LedgerX LLC

Name of Applicant



Signature of Duly Authorized Person

Paul Chou, CEO

Print Name and Title of Signatory