

**COMMODITY FUTURES TRADING COMMISSION**

**FORM DCM**

**CONTRACT MARKET**

**APPLICATION OR AMENDMENT TO APPLICATION FOR DESIGNATION**

**COVER SHEET**

KalshiEX LLC

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

45 Lansing St, #2205, San Francisco, CA, 94105

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**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):

Kalshi

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

N/A

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

N/A

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Number and Street

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City

State

Country

Zip Code

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617.909.1097

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Main Phone Number

Fax

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[www.kalshi.com](http://www.kalshi.com)

tarek@kalshi.com

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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:

**Office**

**Address**

Same as above

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

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Name

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City

State

Country

Zip Code

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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: December 10, 2019

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.

**TAREK MANSOUR, CHIEF EXECUTIVE OFFICER**

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Print Name and Title

KalshiEX LLC

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Name of Applicant

45 Lansing St.

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Number and Street

San Francisco

CA

94105

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City

State

Zip Code

10. The Applicant has duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this 27th day of December, 2019. 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.

KalshiEX LLC

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Name of Applicant

*Tarek Mansour*

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Signature of Duly Authorized Person

TAREK MANSOUR, CHIEF EXECUTIVE OFFICER

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Print Name and Title of Signatory