

## MEMX Service Facilitator List

This Service Facilitator List is for the MEMX Market Data Agreement.

| DATA RECIPIENT INFORMATION |
|----------------------------|
| Company Name:              |

| EXCHANGE (check all that apply)                                    |
|--|
| <input type="checkbox"/> MEMX LLC <input type="checkbox"/> MX2 LLC |

| SERVICE FACILITATOR INFORMATION  |        |      |
|--|--------|------|
| Company Name:  |        |      |
| Address of Receipt of Exchange Data:   |        |      |
| City:  | State: | Zip: |
| BUSINESS CONTACT   |        |      |
| Name:  | Email: |      |
| Title:   | Phone: |      |
| Description of service provided:   |        |      |
| DATA DISTRIBUTION: <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled               |        |      |
| Will the Service Facilitator be responsible for reporting data feed usage on behalf of the Data Recipient? |        |      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |      |

| SERVICE FACILITATOR INFORMATION  |        |      |
|--|--------|------|
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| Address of Receipt of Exchange Data:   |        |      |
| City:  | State: | Zip: |
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| Title:   | Phone: |      |
| Description of service provided:   |        |      |
| DATA DISTRIBUTION: <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled               |        |      |
| Will the Service Facilitator be responsible for reporting data feed usage on behalf of the Data Recipient? |        |      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |      |

I certify that the information provided on this Service Facilitator List is complete and accurate.

\_\_\_\_\_  
Data Recipient Name

\_\_\_\_\_  
Signature of Data Recipient Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date