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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration 7/1/2C

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Expedia, Inc.

Address 1275 Pennsylvania Avenue, NW, Ninth

City Washington State DC Zip 20004

4. Principal place of business (if different from line 3)

City Bellevue State/Zip (or Country) WA 98C

5. Telephone number and contact name

202 661.6374 Contact Brent Thompson E-mail (optional) BrentT

6. General description of registrant's business or activities

Online Travel Services

CLIENT

A Lobbying firm is required to file a separate registration for each client. ***Organizations employing in-house lobbyists*** *should check t*

labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name

Address

City State Zip

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person this section has served as a "covered executive branch official" or "covered legislative branch official" within two year acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
Brent Thompson	

[redacted]

Registrant Name Expedia, INC. Client Name _____

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

TRA TOU

12. Specific lobbying issues (current and anticipated)

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the regi a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying acti

☑ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each entity ma the criteria above, then proceed to line 14.

Name	Address	Principal Place of Busines (city and state or country

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or sub activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the o of the lobbying activity?

☑ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for each e matching the criteria above, then sign and registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ow per in

Signature B. Thom Date 12/19/01

Printed Name and Title Brent Thompson Dir. of Gov't Af

