

OPT-OUT FORM

IN RE EXPEDIA HOTEL TAXES AND FEES LITIGATION

**This is NOT a Claim Form. It EXCLUDES you from this Class Action.
DO NOT use this Form if you wish to remain IN the Class Action.**

Name of Class Member: _____

Address: _____
Street City State Postal Code

Telephone: _____
Area Code/Phone No. (Ext. if applicable)

I understand that by opting out, I will not be eligible to receive any money that may result from the trial or settlement of this lawsuit, if there is one. I further understand that by opting out, all personal representatives, spouses and relatives who on account of a personal relationship to me might assert a derivative claim for money will be deemed to have opted out as well.

If you wish to opt out of this Class Action, please check the box below

By checking this box, I affirm that I wish to be excluded from this Class Action.

Date Signed

Signature of Class Member or Executor, Administrator or Personal Representative

To be effective as an election to opt-out of this Class Action, this Form must be completed, signed and sent by regular mail, postmarked no later than **January 15, 2009**, to the address listed below.

The consequences of returning this Form are explained in the Notice of Certification of Class Action.

If you choose to opt out, you must mail this Opt-Out Form to Lead Class Counsel at the following address, in an envelope postmarked NO LATER THAN JANUARY 15, 2009:

**HAGENS BERMAN SOBOL SHAPIRO LLP
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Attn: Expedia Hotel Taxes and Fees Litigation**