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Clerk of the House of Representatives Legislative Resource Center B-106 Camon Building

Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

LEGISLATIVE RESCURI

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OFFILE OF THE CL U.S. HOUSE OF REPRESI

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)					
Check if this is an Amended Registration Q	1. Effective Date of Registration 3/1/01				
2. House Identification Number 35535000	· ·				
REGISTRANT 3. Registrant name Oldaker and	Biden				
Address 818 CONNECTICA A	VENUE NW SUITE 1100				
City WASHINGTON	State DC Zip 2000 G				
4. Principal place of business (if different from line 3) City	State/Zip (or Country)				
5. Telephone mumber and contact name (QL) 728-1010 Contact	Holly Giarrepa E-mail (optional)				
6. General description of registrant's business or activities.	23				
	ration for each client. Organizations employing in-house labbylists should check the box.				
tabeled "Self" and proceed to line 10.					
7. Client name NAPSTER	,				
Address 1475 VETERAN	IS BLUN.				
City REDWOOD CITY					
8. Principal place of business (if different from line 7)					
City State/Zip (or Country)					
9. General description of client's business or activities ANLINE MUSIC PROVIDES					
LOBBYISTS 10. Name of each individual who has acted or is expected this section has served as a "covered executive bran	i to set as a lobbyist for the client identified on line 7. If any person listed in the official or "covered legislative branch official" within two years of first and/or legislative position(s) in which the person served.				
Name	Covered Official Position (if applicable)				
ROBERT H. BIDEN	NIA				
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والأوا وجوم ومكونات والمستحدة المشاركين من و وسم سداحة أما أنف أشار المشاركين المناطبية المنتشدة والمستحدية وأوار والمستود وورد					
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	Ker and C	_Client No	ume Napst	<i>'</i>		
LOBBYING ISSUES 11. General lobbying issue area CSP CPT [s. Select all applica	ble codes list	ed in instructions and c	on the reve	rse side of Form LD	-1, page 1.
12. Specific lobbying issues (co	ntent and anticipate	ď)				
Compulsory Liscon						
AFFILIATED ORGA 13. Is there an entity other the a semiannual period and	an the elient that e					
No ⇒ Go to line 1	4.	☐ Yes	Complete the rest of the criteria above,			y matching
Name)	Address		Principal Place of Business (city and state or country)		
•					and the same from the same and the same and the	
•						
FÖREIGN ENTITIES						
14. Is there any foreign entity	that:				,	
b) directly or indirectivities of the	ectly, in whole or a client or any orga the client or any o	in major par Dization ide	client or any organizat, plans, supervises, on tified on line 13; OI identified on line 13	controls, d	litects, finances or	r Subsidize:
X No ⊃ Sign and date (he registration.		Yes Complete to matching to registration	he criteri	f this section for e a above, then sign	
Name	Address		Principal place of business (city and state or com	Ì	Amount of contribution for obbying activities	Ownershi percepting in client
						1*
Signature R. H.	180	2		Date	5/29/01	1
Printed Name and Title	PORFRT Hu	NTER B	,	•		

Form LD-1 (Rev. 06/08)