


Substitute Form PTO-1595  
Attorney Docket No.: 22569-0012001

### RECORDATION FORM COVER SHEET PATENTS ONLY

Commissioner for Patents: Please record the attached original document(s) or copy(ies).

1. Name of conveying party(les): <b>Roy Schoenberg, MD</b> Additional name(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(les): <b>American Well Inc. 75 State Street, 26th Floor Boston, MA 02109</b>  Additional names/addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other:  Execution Date: <b>08/18/2008</b>			
4. Application number(s) or patent number(s): If this document is being filed with a new application, the execution date of the application is: A. Patent Application No(s): <b>12/117,324</b> B: Patent No(s):  Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Name/address of party to whom correspondence concerning document should be mailed:  <b>PTO Customer No. 26161</b>		6. Total number of applications/patents involved: <b>1</b>  7. Total fee (37 CFR \$3.41): <b>\$40</b> <input checked="" type="checkbox"/> Authorized to charge Deposit Account.  8. Deposit Account No.: <b>06-1050</b> Please apply any additional charges, or any credits, to our Deposit Account No. 06-1050.	
<b>DO NOT USE THIS SPACE</b>			
9. Statement and Signature: <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i>			
Tonya S. Drake Reg. No. 57,861 Name of Person Signing		 Signature	<b>10/3/08</b> Date
Total number of pages including coversheet, attachments and document: <b>4</b>			

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#### CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to the Patent and Trademark Office on the date indicated below.

Date of Transmission October 3, 2008

  
Signature

Tonya S. Drake  
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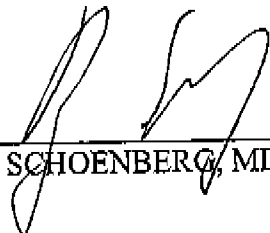
**PATENT**

ASSIGNMENT

For valuable consideration, I, Roy Schoenberg, MD, of 1 Avery Street, Apt 33d, Boston MA 02111; hereby assign to AMERICAN WELL INC., a corporation of Delaware, having a place of business at 75 State Street, 26th Floor, Boston, MA 02109, and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the inventions and improvements which are subject of an application for United States Patent signed by me entitled IDENTIFYING CLINICAL TRIAL CANDIDATES, filed May 8, 2008, and assigned U.S. Serial Number 12/117,324, this assignment including said application, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name or in its own name for patents, utility models, design registrations and like rights of exclusion and for inventors' certificates for said inventions and improvements; and I agree for me and my respective heirs, legal representatives and assigns, without further compensation to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

Attorney Docket No.: 22569-012001


Date: 8/18/08

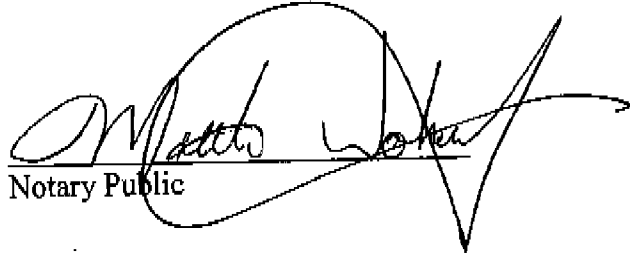
  
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ROY SCHOENBERG, MD

STATE OF MA  
COUNTY OF Suffolk ) SS.

On 8/18/08, before me, the undersigned, a notary public for the State of MA, there personally appeared ROY SCHOENBERG personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Assignment, who acknowledged having executed the same in his authorized capacity and that by his signature on this Assignment, the person or the entity upon behalf of which he acted, executed this Assignment.

WITNESS my hand and official seal.

 MATTHEW G. DOHERTY  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
April 21, 2011

  
\_\_\_\_\_  
Notary Public