**CONSENT LETTER**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s) and Address(es) of Registered Holder (fill in, if blank)** |  | **Amount of Warrants Held** |  |

[NAME AND ADDRESS OF THE WARRANT [AMOUNT OF WARRANTS]

HOLDER]

** YES, I CONSENT TO EXTEND THE DURATION OF THE EXPIRATION OF MY WARRANTS TO July 31, 2019**.

The undersigned has completed, executed and delivered this Consent Letter to indicate the action the undersigned desires to take with respect to the Consent Solicitation.

**REGISTERED HOLDERS OF TOPS WARRANTS SIGN HERE**

|  |  |  |
| --- | --- | --- |
| PLEASE SIGN HERE |  | PLEASE SIGN HERE |
|  |  |  |
|  |  |  |
|  |  |  |
| Authorized Signature of Registered Holder |  | Authorized Signature of Registered Holder |

Must be signed by registered holder(s) exactly as name(s) appear(s) on the Warrants or on a security position listing as the owner of the Warrants. If signature is by attorney-in-fact, trustee, executor, administrator, guardian, officer of a corporation or other person acting in a fiduciary or representative capacity, please provide the following information:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | |  | Name: |  | |
| Title: |  | |  | Title: |  | |
| Address: |  | |  | Address: |  | |
| Address: |  | |  | Address: |  | |
| Telephone Number: | |  |  | Telephone Number: | |  |
| Dated: |  | |  | Dated: |  | |
|  |  | |  |  |  | |