**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: |   |
|   |  |   |   |  |