

Investment Grade R.E. Income Fund, LP

Business Entity Certification of Investment Powers

Instructions:

Use this form in connection with investments held by a business entity ("Company") in an investment in Investment Grade R.E. Income Fund, LP (a "Program"). Deliver this form to: Investment Grade R.E. Income Fund, LP 831 State Street, Suite 280, Santa Barbara, CA 93101 or by Email to: info@igrefund.com

1. BUSINESS INFORMATION

Complete Name of the Company: _____

Entity Type (Corp, LLC, LP etc.) _____ State of formation _____ Year formed _____

2. AUTHORIZED INDIVIDUAL(S):

The Program is authorized to accept orders and other instructions from the/ those individual(s) or entities listed below (each an "Authorized Party") unless their authority is expressly limited on this certification. Attach extra pages if necessary.

Please select one of the following options: In accordance with the governing documents dully approved by the Company, the Authorized Party(ies) listed below: [] may act as a majority [] may act independently or [] must act unanimously.

The following are all of the Authorized Parties: [] Additional list of Authorized Parties attached.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

3. INVESTMENTS PERMITTED

- (a) Pursuant to the Company's governing documents and applicable law the Company has approved the Authorized Parties to enter into transactions involving the establishment and modification of subscriptions pertaining to investments in the Program in respect of which the Company has submitted a subscription agreement.
(b) I/We understand the Program, in its sole discretion and for its sole protection, may require the written consent of any or all Authorized Parties prior to acting upon the instructions of any individual Authorized Party. The Company shall indemnify the Program, to include its affiliates, manager or assigns, and hold them harmless from any liability for effecting any orders, transactions, and instructions if the Program acts pursuant to instructions it believes to have been given by the Authorized Party(ies) listed under Section 2.
(c) I/We agree to inform the Program in writing of any amendment to the Entity's governing documents that affects its interest in the Program or its actions in respect thereto, or any change in the composition of the Authorized Parties, or any other event that could materially alter the certifications made above. The Program may rely on the continued validity of this certification indefinitely absent actual receipt of such notice.

4. AUTHORIZED PARTY CERTIFICATION

I certify the information contained herein is a true and accurate representation of the power and authority granted by the Company and that by my signature I am authorized by the Company to execute this and other Program documents on behalf of the Company.

Signature _____

Print Name _____

Title _____

Date _____