

CERTIFICATE OF AUTHORIZED PERSONS
(Customer - Oral and Written Instructions)

The undersigned hereby certifies that he/she is the duly elected and acting _____ of the Brevard County Housing Finance Authority (the "Customer"), and further certifies that the following officers or employees of the Customer have been duly authorized to deliver oral and written instructions to The Bank of New York Mellon Trust Company, N.A. ("BNY") pursuant to the Custody Agreement between the Customer and BNYM, and that the signatures appearing opposite their names are true and correct:

Kamran Sarkarati Name	_____	_____	321-264-0334 Phone Number
	Title	Signature	

Barry Forbes Name	_____	_____	321-264-0334 Phone Number
	Title	Signature	

Michael Hartman Name	_____	_____	321-264-0334 Phone Number
	Title	Signature	

James Katchakis Name	_____	_____	321-264-0334 Phone Number
	Title	Signature	

Angela A. Abbott Name	Attorney Title	_____	321-264-0334 Phone Number
		Signature	

This certificate supercedes any certificate of authorized individuals you may currently have on file.

Title:

Date: