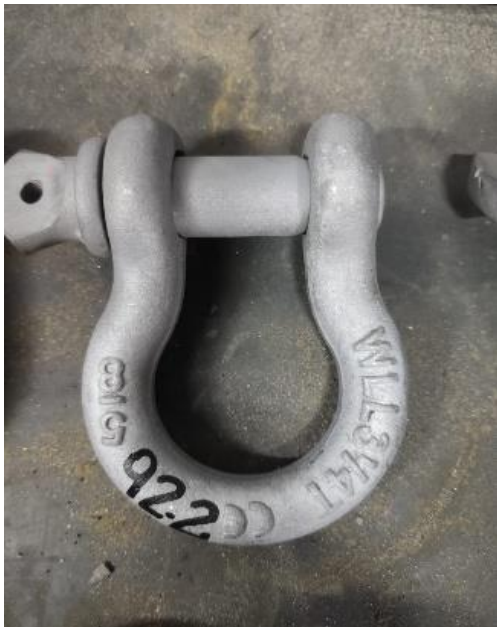
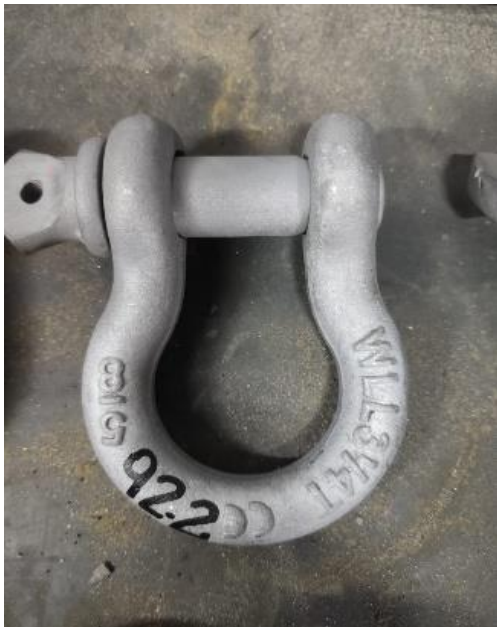
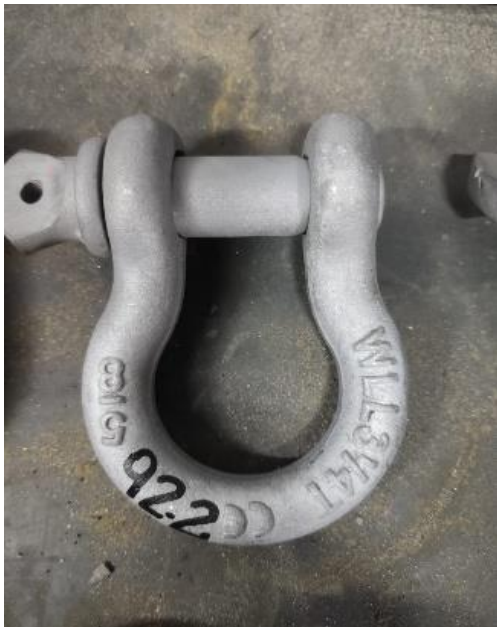


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>INFORME DE I.N.D</b>                   |                                                       | <b>Nº 12.166</b><br>HOJA 1 de 1                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|-------------------------------------------------------|----------------|----------------------------|------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------|----------------------------|-------------------------------------------|----------------------------------|--------------------|-------------------------|------------------------------------|--------------------------------------------|--------------|----------|-------|----------|----------|------------------|--------|-----------|-----------|-----------|-----------------|-----------|-------|----------|----------|---------------------|---------|-------|----------|----------|----------------|------------|-----------------|--------|--------|-------------|-----|-------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>GRILLETE OMEGA</b>                     |                                                       |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/>       | CLIENTE: <b>TRANSPORTE JMB</b>                        | FECHA:                                                                              | <table border="1" style="width: 100%; text-align: center;"> <tr> <td>11</td> <td>05</td> <td>2022</td> </tr> </table> | 11                         | 05                               | 2022                                                  |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 05                                        | 2022                                                  |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                  | EQUIPO: INT:92                                        | LUGAR DE INSPECCIÓN: <b>BASE GM END S.R.L.</b>                                      |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MARCA: <b>GROSBY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CAPACIDAD: <b>3,5 TONELADAS</b>           | DIÁMETRO: <b>5/8"</b>                                 |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Nº PARTE: <b>2270</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IDENT Nº: <b>92-2.</b>                    | VIGENCIA: <b>12 MESES</b>                             |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">Inspección a metal limpio:</td> <td style="width: 20%;">Arenado <input type="checkbox"/></td> <td style="width: 30%;">Limpieza Mecánica <input checked="" type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>Condiciones de Inspección:</td> <td>Desarmado <input type="checkbox"/></td> <td>Armado <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Inspección con partículas:</td> <td>Secas <input checked="" type="checkbox"/></td> <td>Húmedas <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Condiciones de Entrega:</td> <td>Desarmado <input type="checkbox"/></td> <td>Armado <input checked="" type="checkbox"/></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                    |                                           |                                                       |                                                                                     |                                                                                                                       | Inspección a metal limpio: | Arenado <input type="checkbox"/> | Limpieza Mecánica <input checked="" type="checkbox"/> |                | Condiciones de Inspección: | Desarmado <input type="checkbox"/> | Armado <input checked="" type="checkbox"/> |                                                                                     | Inspección con partículas: | Secas <input checked="" type="checkbox"/> | Húmedas <input type="checkbox"/> |                    | Condiciones de Entrega: | Desarmado <input type="checkbox"/> | Armado <input checked="" type="checkbox"/> |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arenado <input type="checkbox"/>          | Limpieza Mecánica <input checked="" type="checkbox"/> |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Condiciones de Inspección:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Desarmado <input type="checkbox"/>        | Armado <input checked="" type="checkbox"/>            |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Inspección con partículas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Secas <input checked="" type="checkbox"/> | Húmedas <input type="checkbox"/>                      |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Desarmado <input type="checkbox"/>        | Armado <input checked="" type="checkbox"/>            |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <table border="1" style="width: 100%; text-align: center;"> <tr> <th>EQUIPO UTILIZADO</th> <th>Nº DE SERIE / LOTE</th> <th>Nº DE CERTIFICADO</th> <th>F. CALIBRACIÓN</th> <th>F. DE VENCIMIENTO</th> </tr> <tr> <td>LÁMPARA UV</td> <td>9078</td> <td>END 224-10</td> <td>30/8/2010</td> <td>VER INT. UV</td> </tr> <tr> <td>YUGO</td> <td>0586</td> <td>5864</td> <td>8/9/2021</td> <td>8/9/2022</td> </tr> <tr> <td>BOBINA AC-DC</td> <td>17052908</td> <td>06299</td> <td>8/9/2021</td> <td>8/9/2022</td> </tr> <tr> <td>MEDIDOR DE CAMPO</td> <td>GM 064</td> <td>NO APLICA</td> <td>NO APLICA</td> <td>NO APLICA</td> </tr> <tr> <td>MED. INT. LUZ V</td> <td>070801317</td> <td>06301</td> <td>3/8/2021</td> <td>3/8/2022</td> </tr> <tr> <td>MEDIDOR INT. LUZ UV</td> <td>AC49723</td> <td>06302</td> <td>3/8/2021</td> <td>3/8/2022</td> </tr> <tr> <td>PARTICULAS S/H</td> <td>1701005785</td> <td>049552000190002</td> <td>jul-17</td> <td>jul-22</td> </tr> <tr> <td>MASA PATRON</td> <td>864</td> <td>06303</td> <td>8/5/2020</td> <td>8/5/2025</td> </tr> </table> |                                           |                                                       |                                                                                     |                                                                                                                       | EQUIPO UTILIZADO           | Nº DE SERIE / LOTE               | Nº DE CERTIFICADO                                     | F. CALIBRACIÓN | F. DE VENCIMIENTO          | LÁMPARA UV                         | 9078                                       | END 224-10                                                                          | 30/8/2010                  | VER INT. UV                               | YUGO                             | 0586               | 5864                    | 8/9/2021                           | 8/9/2022                                   | BOBINA AC-DC | 17052908 | 06299 | 8/9/2021 | 8/9/2022 | MEDIDOR DE CAMPO | GM 064 | NO APLICA | NO APLICA | NO APLICA | MED. INT. LUZ V | 070801317 | 06301 | 3/8/2021 | 3/8/2022 | MEDIDOR INT. LUZ UV | AC49723 | 06302 | 3/8/2021 | 3/8/2022 | PARTICULAS S/H | 1701005785 | 049552000190002 | jul-17 | jul-22 | MASA PATRON | 864 | 06303 | 8/5/2020 | 8/5/2025 |
| EQUIPO UTILIZADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Nº DE SERIE / LOTE                        | Nº DE CERTIFICADO                                     | F. CALIBRACIÓN                                                                      | F. DE VENCIMIENTO                                                                                                     |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| LÁMPARA UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9078                                      | END 224-10                                            | 30/8/2010                                                                           | VER INT. UV                                                                                                           |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| YUGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0586                                      | 5864                                                  | 8/9/2021                                                                            | 8/9/2022                                                                                                              |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| BOBINA AC-DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 17052908                                  | 06299                                                 | 8/9/2021                                                                            | 8/9/2022                                                                                                              |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MEDIDOR DE CAMPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GM 064                                    | NO APLICA                                             | NO APLICA                                                                           | NO APLICA                                                                                                             |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MED. INT. LUZ V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 070801317                                 | 06301                                                 | 3/8/2021                                                                            | 3/8/2022                                                                                                              |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AC49723                                   | 06302                                                 | 3/8/2021                                                                            | 3/8/2022                                                                                                              |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1701005785                                | 049552000190002                                       | jul-17                                                                              | jul-22                                                                                                                |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MASA PATRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 864                                       | 06303                                                 | 8/5/2020                                                                            | 8/5/2025                                                                                                              |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <b>DETALLE DE INSPECCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                                       |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <table style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">APTO</td> <td style="width: 10%; text-align: center;">NO APTO</td> <td style="width: 50%;"></td> </tr> <tr> <td>Detección de Fisuras</td> <td style="text-align: center;">X</td> <td></td> <td rowspan="4" style="text-align: center; vertical-align: middle;">  </td> </tr> <tr> <td>Estado de Cuerpo A</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Estado de Cuerpo B</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Estado de Perno</td> <td style="text-align: center;">X</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                       |                                           |                                                       |                                                                                     |                                                                                                                       |                            | APTO                             | NO APTO                                               |                | Detección de Fisuras       | X                                  |                                            |  | Estado de Cuerpo A         | X                                         |                                  | Estado de Cuerpo B | X                       |                                    | Estado de Perno                            | X            |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | APTO                                      | NO APTO                                               |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X                                         |                                                       |  |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Estado de Cuerpo A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X                                         |                                                       |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Estado de Cuerpo B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X                                         |                                                       |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Estado de Perno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | X                                         |                                                       |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 19 API 8 A, B, C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                       | SI                                                                                  |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                       |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                                       |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| GM E.N.D. S.R.L.<br>MANSILLA HUGO GASTON<br>Op. NI/US. PM. LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           | PRECINTO Nº<br>FECHA PUESTA EN VIGENCIA               |                                                                                     |                                                                                                                       |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           | FIRMA CLIENTE - ACLARACIÓN                            |                                                                                     | FIRMA - ACLARACIÓN                                                                                                    |                            |                                  |                                                       |                |                            |                                    |                                            |                                                                                     |                            |                                           |                                  |                    |                         |                                    |                                            |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |

TIRSO LOPEZ Nº 636 - Bo INDUSTRIAL - COM. RIV. - CHUBUT - 9000 - CEL: (0297) 15-6256447 - EMAIL: mansilla.end@gmail.com