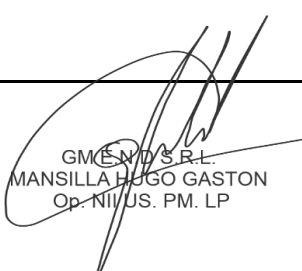


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>INFORME DE I.N.D</b>                       |                                                       | <b>Nº 13.426</b><br>HOJA 1 de 1                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|-------------------------------------------------------|----------------------------|------------------------------------|--------------------------------------------|----------------------------|-------------------------------------------------------------------------------------|----------------------------------|-------------------------|-----------------------------------------------|---------------------------------|------|----------|--------------------|--------------|----------|-------|----------|----------|------------------|--------|-----------|-----------|-----------|-----------------|-----------|-------|----------|----------|---------------------|---------|-------|----------|----------|----------------|------------|-----------------|-----------|-----------|-------------|-----|-------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>GRILLETE OMEGA</b>                         |                                                       |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CLIENTE: <b>TRANSPORTE JMB</b>                |                                                       | FECHA:                                                                              | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">02</td> <td style="width: 33%;">03</td> <td style="width: 33%;">2023</td> </tr> </table> | 02                         | 03                               | 2023                                                  |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 03                                            | 2023                                                  |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EQUIPO: <b>97</b>                             | LUGAR DE INSPECCIÓN: <b>BASE GM END S.R.L.</b>        |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MARCA: <b>CROSBY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DIAMETRO: <b>7/8"</b>                         | CAPACIDAD: <b>6½ TONELADAS</b>                        |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Nº PARTE: <b>2780</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | IDENT Nº: <b>097</b>                          | VIGENCIA: <b>12 MESES</b>                             |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <table style="width: 100%;"> <tr> <td style="width: 33%;">Inspección a metal limpio:</td> <td style="width: 33%;">Arenado <input type="checkbox"/></td> <td style="width: 33%;">Limpieza Mecánica <input checked="" type="checkbox"/></td> </tr> <tr> <td>Condiciones de Inspección:</td> <td>Desarmado <input type="checkbox"/></td> <td>Armado <input checked="" type="checkbox"/></td> </tr> <tr> <td>Inspección con partículas:</td> <td>Secas <input checked="" type="checkbox"/></td> <td>Humedas <input type="checkbox"/></td> </tr> <tr> <td>Condiciones de Entrega:</td> <td>Desarmado <input checked="" type="checkbox"/></td> <td>Armado <input type="checkbox"/></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"/>                                           | Humedas <input type="checkbox"/> | Condiciones de Entrega: | Desarmado <input checked="" type="checkbox"/> | Armado <input 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"/>     | Humedas <input type="checkbox"/>                      |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Desarmado <input checked="" type="checkbox"/> | Armado <input type="checkbox"/>                       |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <table border="1" style="width: 100%; text-align: center;"> <thead> <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> </thead> <tbody> <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>8/9/2022</td> <td>8/9/2023</td> </tr> <tr> <td>BOBINA AC-DC</td> <td>17052908</td> <td>06299</td> <td>8/5/2020</td> <td>8/5/2025</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>8/9/2023</td> <td>8/9/2023</td> </tr> <tr> <td>MEDIDOR INT. LUZ UV</td> <td>AC49723</td> <td>06302</td> <td>8/9/2022</td> <td>8/9/2023</td> </tr> <tr> <td>PARTICULAS S/H</td> <td>1701005785</td> <td>049552000190002</td> <td>8/9/2021.</td> <td>8/9/2022.</td> </tr> <tr> <td>MASA PATRON</td> <td>864</td> <td>06303</td> <td>8/5/2020</td> <td>8/5/2025</td> </tr> </tbody> </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 | 8/9/2022 | 8/9/2023           | BOBINA AC-DC | 17052908 | 06299 | 8/5/2020 | 8/5/2025 | MEDIDOR DE CAMPO | GM 064 | NO APLICA | NO APLICA | NO APLICA | MED. INT. LUZ V | 070801317 | 06301 | 8/9/2023 | 8/9/2023 | MEDIDOR INT. LUZ UV | AC49723 | 06302 | 8/9/2022 | 8/9/2023 | PARTICULAS S/H | 1701005785 | 049552000190002 | 8/9/2021. | 8/9/2022. | 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                                                  | 8/9/2022                                                                            | 8/9/2023                                                                                                                                                                          |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| BOBINA AC-DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17052908                                      | 06299                                                 | 8/5/2020                                                                            | 8/5/2025                                                                                                                                                                          |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MEDIDOR DE CAMPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | GM 064                                        | NO APLICA                                             | NO APLICA                                                                           | NO APLICA                                                                                                                                                                         |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MED. INT. LUZ V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 070801317                                     | 06301                                                 | 8/9/2023                                                                            | 8/9/2023                                                                                                                                                                          |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AC49723                                       | 06302                                                 | 8/9/2022                                                                            | 8/9/2023                                                                                                                                                                          |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1701005785                                    | 049552000190002                                       | 8/9/2021.                                                                           | 8/9/2022.                                                                                                                                                                         |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| 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">  </td> </tr> <tr> <td>Condición de Ojal</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Condición de Cuerpo</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Condición de Perno</td> <td style="text-align: center;">X</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                       |                                                                                     |                                                                                                                                                                                   |                            | APTO                             | NO APTO                                               |                            | Detección de Fisuras               | X                                          |                            |  | Condición de Ojal                | X                       |                                               | Condición de Cuerpo             | X    |          | Condición de Perno | X            |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | APTO                                          | NO APTO                                               |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X                                             |                                                       |  |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condición de Ojal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X                                             |                                                       |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condición de Cuerpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | X                                             |                                                       |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condición de Perno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X                                             |                                                       |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <div style="display: flex; justify-content: space-around;">   </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                                       |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 01 ASTM E709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                       | SI                                                                                  |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                       |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  <p style="font-size: small;">GM END S.R.L.<br/>MANSILLA HUGO GASTON<br/>Op. NIVUS. PM. LP</p> </div> <div style="width: 30%;"></div> <div style="width: 30%;"> <table border="1" style="width: 100%;"> <tr> <td>PRECINTO Nº</td> <td>001606</td> </tr> <tr> <td>FECHA PUESTA EN VIGENCIA</td> <td></td> </tr> </table> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                                                       |                                                                                     |                                                                                                                                                                                   | PRECINTO Nº                | 001606                           | FECHA PUESTA EN VIGENCIA                              |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PRECINTO Nº                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 001606                                        |                                                       |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| FECHA PUESTA EN VIGENCIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                       |                                                                                     |                                                                                                                                                                                   |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | FIRMA CLIENTE - ACLARACIÓN                            |                                                                                     | FIRMA - ACLARACIÓN                                                                                                                                                                |                            |                                  |                                                       |                            |                                    |                                            |                            |                                                                                     |                                  |                         |                                               |                                 |      |          |                    |              |          |       |          |          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |

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