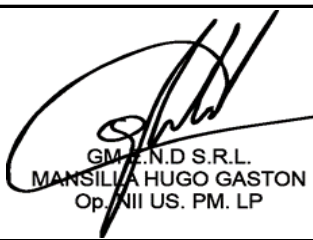
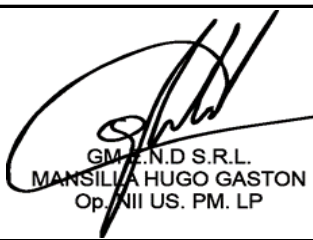
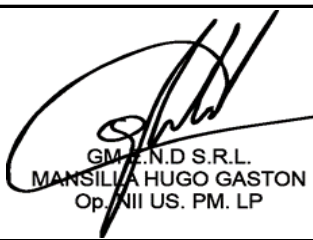


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | INFORME DE I.N.D                    |                      |                                     | Nº 13.450            |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | CADENA                              |                      |                                     | HOJA 1 de 1          |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PROCEDIMIENTO: PO 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | CLIENTE: TRANSPORTE JMB             | FECHA:               | 09                                  | 03                   | 2023                                |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | EQUIPO: 76                          | LUGAR DE INSPECCIÓN: | BASE GM END S.R.L.                  |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MARCA: FORGED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | DIÁMETRO: 3/8"                      | LONGITUD:            | 6,20 MTS                            |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Nº PARTE: 2792                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | IDENT Nº: 76-1                      | VIGENCIA:            | 12 MESES                            |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
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| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Arenado                             | <input checked="" type="checkbox"/> | Limpieza Mecánica    | <input type="checkbox"/>            |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condiciones de Inspección:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Desarmado                           | <input checked="" type="checkbox"/> | Armado               | <input type="checkbox"/>            |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Inspección con partículas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Secas                               | <input checked="" type="checkbox"/> | Humedas              | <input type="checkbox"/>            |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Desarmado                           | <input type="checkbox"/>            | Armado               | <input checked="" type="checkbox"/> |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <table border="1"> <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>8/9/2022</td> <td>8/9/2023</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>8/9/2022</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>8/9/2022.</td> <td>8/9/2023.</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   | 8/9/2022                 | 8/9/2023 | MEDIDOR DE CAMPO | GM 064                  | NO APLICA | NO APLICA                | NO APLICA | MED. INT. LUZ V                     | 070801317 | 06301 | 8/9/2022 | 8/9/2023 | MEDIDOR INT. LUZ UV | AC49723 | 06302 | 8/9/2022 | 8/9/2023 | PARTICULAS S/H | 1701005785 | 049552000190002 | 8/9/2022. | 8/9/2023. | 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                               | 8/9/2022             | 8/9/2023                            |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MEDIDOR DE CAMPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | GM 064                              | NO APLICA                           | NO APLICA            | NO APLICA                           |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MED. INT. LUZ V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 070801317                           | 06301                               | 8/9/2022             | 8/9/2023                            |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AC49723                             | 06302                               | 8/9/2022             | 8/9/2023                            |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1701005785                          | 049552000190002                     | 8/9/2022.            | 8/9/2023.                           |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MASA PATRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 864                                 | 06303                               | 8/5/2020             | 8/5/2025                            |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| DETALLE DE INSPECCIÓN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                      |                                     |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <table border="1"> <thead> <tr> <th></th> <th>APTO</th> <th>NO APTO</th> </tr> </thead> <tbody> <tr> <td>Detección de Fisuras</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado del Gancho</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado del Eslabon</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Estado de Perno de Gancho</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     | APTO                 | NO APTO                             | Detección de Fisuras | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                           | Estado del Gancho  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estado del Eslabon       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Estado de Perno de Gancho  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | APTO                                | NO APTO                             |                      |                                     |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |                                     |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Estado del Gancho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |                                     |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Estado del Eslabon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |                                     |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Estado de Perno de Gancho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |                                     |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                      |                                     |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 01 ASTM E709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     | SI                   |                                     |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                      |                                     |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <table border="1"> <tr> <td rowspan="3"> <br/>           GM END S.R.L.<br/>           MANSILLA HUGO GASTON<br/>           Op. III US. PM. LP         </td> <td rowspan="3"></td> <td>PRECINTO Nº</td> <td colspan="3">001589</td> </tr> <tr> <td>FECHA PUESTA EN VIGENCIA</td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td>FIRMA OPERADOR GM END S.R.L.</td> <td>FIRMA CLIENTE - ACLARACIÓN</td> <td colspan="5">FIRMA - ACLARACIÓN</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                      |                                     |                      |                                     | <br>GM END S.R.L.<br>MANSILLA HUGO GASTON<br>Op. III US. PM. LP |                    | PRECINTO Nº                         | 001589                   |                          |                                     | FECHA PUESTA EN VIGENCIA |                            |                                     |                                     |                                                                                                                                                                            |                          |      | FIRMA OPERADOR GM END S.R.L. | FIRMA CLIENTE - ACLARACIÓN | FIRMA - ACLARACIÓN |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <br>GM END S.R.L.<br>MANSILLA HUGO GASTON<br>Op. III US. PM. LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | PRECINTO Nº                         | 001589               |                                     |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | FECHA PUESTA EN VIGENCIA            |                      |                                     |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
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| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FIRMA CLIENTE - ACLARACIÓN          | FIRMA - ACLARACIÓN                  |                      |                                     |                      |                                     |                                                                                                                                                    |                    |                                     |                          |                          |                                     |                          |                            |                                     |                                     |                                                                                                                                                                            |                          |      |                              |                            |                    |                                     |         |                          |          |                  |                         |           |                          |           |                                     |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |