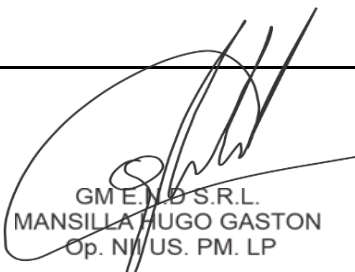


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>INFORME DE I.N.D</b>                                        |                                                | <b>Nº 13.604</b><br>HOJA 1 de 1                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MONTURA CABLE SEGURIDAD</b>                                 |                                                | W.O.                                                                                 |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 39</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLIENTE: <b>MACRICO S.R.L.</b>                                 |                                                | FECHA: <b>17 / 04 / 2023</b>                                                         |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EQUIPO: <b>M01</b>                                             | LUGAR DE INSPECCIÓN: <b>BASE GM END S.R.L.</b> |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MARCA: <b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MODELO: <b>ESTRUCTURAL</b> <input checked="" type="checkbox"/> | <b>TUBULAR</b> <input type="checkbox"/>        |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Nº PARTE: <b>2729</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IDENT Nº: <b>002.</b>                                          | VIGENCIA: <b>6 MESES</b>                       |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Inspección a metal limpio:</td> <td style="width: 20%;">Arenado</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 30%;">Limpieza Mecánica</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Condiciones de Inspección:</td> <td>Desarmado</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Armado</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Inspección con partículas:</td> <td>Secas</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Humedas</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Condiciones de Entrega:</td> <td>Desarmado</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Armado</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                 |                                                                |                                                |                                                                                      |                                     | 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 type="checkbox"/>            | Humedas                  | <input checked="" type="checkbox"/> | Condiciones de Entrega:             | Desarmado                | <input checked="" type="checkbox"/> | Armado                              | <input type="checkbox"/> |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| 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 type="checkbox"/>                       | Humedas                                                                              | <input checked="" type="checkbox"/> |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Desarmado                                                      | <input checked="" type="checkbox"/>            | Armado                                                                               | <input type="checkbox"/>            |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>EQUIPO UTILIZADO</th> <th>Nº DE SERIE / LOTE</th> <th>Nº DE CERTIFICADO</th> <th>F. CALIBRACIÓN</th> <th>F. DE VENCIMIENTO</th> </tr> <tr> <td>LÁMPARA UV</td> <td>9078</td> <td>END 224-10</td> <td>30/8/2010</td> <td>VER INT. UV</td> </tr> <tr> <td>YUGO</td> <td>0586</td> <td>5864</td> <td>8/9/2022</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>3/8/2022</td> <td>3/8/2023</td> </tr> <tr> <td>MEDIDOR INT. LUZ UV</td> <td>AC49723</td> <td>06302</td> <td>3/8/2022</td> <td>3/8/2023</td> </tr> <tr> <td>PARTICULAS S/H</td> <td>1701005785</td> <td>049552000190002</td> <td>jul-18</td> <td>jul-23</td> </tr> <tr> <td>MASA PATRON</td> <td>864</td> <td>06303</td> <td>3/8/2022</td> <td>3/8/2023</td> </tr> </table>                                                                                                                                                                     |                                                                |                                                |                                                                                      |                                     | EQUIPO UTILIZADO           | Nº DE SERIE / LOTE | Nº DE CERTIFICADO                   | F. CALIBRACIÓN                                                                       | F. DE VENCIMIENTO        | LÁMPARA UV                 | 9078                                | END 224-10                          | 30/8/2010 | VER INT. UV                         | YUGO                       | 0586  | 5864                                | 8/9/2022                 | 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 | 3/8/2022 | 3/8/2023 | MEDIDOR INT. LUZ UV | AC49723 | 06302 | 3/8/2022 | 3/8/2023 | PARTICULAS S/H | 1701005785 | 049552000190002 | jul-18 | jul-23 | MASA PATRON | 864 | 06303 | 3/8/2022 | 3/8/2023 |
| 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                                          | 3/8/2022                                                                             | 3/8/2023                            |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AC49723                                                        | 06302                                          | 3/8/2022                                                                             | 3/8/2023                            |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1701005785                                                     | 049552000190002                                | jul-18                                                                               | jul-23                              |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| MASA PATRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 864                                                            | 06303                                          | 3/8/2022                                                                             | 3/8/2023                            |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <b>DETALLE DE INSPECCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |                                                |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <table style="width: 100%; border: none;"> <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 colspan="2" rowspan="6" style="text-align: center; vertical-align: middle;">  </td> </tr> <tr> <td>Detección de Fisuras</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Perno</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ojal</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cuerpo Cilíndrico - Estructural</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Seguro de Perno</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |                                                                |                                                |                                                                                      |                                     |                            | APTO               | NO APTO                             |  |                          | Detección de Fisuras       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Perno     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Ojal  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cuerpo Cilíndrico - Estructural     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Seguro de Perno                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | APTO                                                           | NO APTO                                        |  |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                            | <input type="checkbox"/>                       |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Perno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                            | <input type="checkbox"/>                       |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Ojal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                            | <input type="checkbox"/>                       |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Cuerpo Cilíndrico - Estructural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/>                            | <input type="checkbox"/>                       |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Seguro de Perno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/>                            | <input type="checkbox"/>                       |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 39 API 8 A, B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                                                | SI                                                                                   |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| <br>GM E.N.D. S.R.L.<br>MANSILLA HUGO GASTON<br>Op. NI US. PM. LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                | PRECINTO Nº                                                                          |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                | FECHA PUESTA EN VIGENCIA                                                             |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FIRMA CLIENTE - ACLARACIÓN                                     | FIRMA - ACLARACIÓN                             |                                                                                      |                                     |                            |                    |                                     |                                                                                      |                          |                            |                                     |                                     |           |                                     |                            |       |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |        |             |     |       |          |          |

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