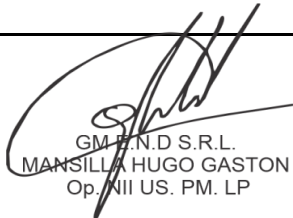


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | INFORME DE I.N.D                    |                                                                                     |                                     | <b>Nº 13.679</b><br>HOJA 1 de 1 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | CADENA                              |                                                                                     |                                     |                                 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | CLIENTE: <b>TRANSPORTE JMB</b>      | FECHA:                                                                              | 17                                  | 05                              | 2023 |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | EQUIPO: <b>53</b>                   | LUGAR DE INSPECCIÓN:                                                                | <b>BASE GM END S.R.L.</b>           |                                 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| MARCA: <b>FORGED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | DIÁMETRO: <b>1/2"</b>               | LONGITUD: <b>6,20 MTS</b>                                                           |                                     |                                 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Nº PARTE: <b>2355</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | IDENT Nº: <b>53.</b>                | VIGENCIA: <b>12 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> <td style="width: 10%;"></td> </tr> <tr> <td>Condiciones de Inspección:</td> <td>Desarmado</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Armado</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Inspección con partículas:</td> <td>Secas</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Húmedas</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Condiciones de Entrega:</td> <td>Desarmado</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Armado</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                           |                                     |                                     |                                                                                     |                                     |                                 |      | Inspección a metal limpio: | Arenado            | <input checked="" type="checkbox"/> | Limpieza Mecánica                                                                   | <input type="checkbox"/> |            | Condiciones de Inspección: | Desarmado            | <input type="checkbox"/>            | Armado                   | <input checked="" type="checkbox"/> |                                     | Inspección con partículas: | Secas              | <input checked="" type="checkbox"/> | Húmedas                  | <input type="checkbox"/>  |                                     | Condiciones de Entrega:  | Desarmado | <input type="checkbox"/> | Armado | <input checked="" type="checkbox"/> |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Arenado                             | <input checked="" type="checkbox"/> | Limpieza Mecánica                                                                   | <input type="checkbox"/>            |                                 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condiciones de Inspección:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Desarmado                           | <input type="checkbox"/>            | Armado                                                                              | <input checked="" type="checkbox"/> |                                 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Inspección con partículas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Secas                               | <input checked="" type="checkbox"/> | Húmedas                                                                             | <input type="checkbox"/>            |                                 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Desarmado                           | <input type="checkbox"/>            | Armado                                                                              | <input checked="" type="checkbox"/> |                                 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <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 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="4" rowspan="5" 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>Estado del Gancho</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Estado del Eslabon</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Estado de Perno de Gancho</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <div style="display: flex; justify-content: space-around; margin-top: 10px;">   </div> |                                     |                                     |                                                                                     |                                     |                                 |      |                            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     | <b>SI</b>                                                                           |                                     |                                 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                                                                     |                                     |                                 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%; text-align: center;">  <p style="font-size: small;">GM E.N.D S.R.L.<br/>MANSILLA HUGO GASTON<br/>Op. VII US. PM. LP</p> </div> <div style="width: 30%;"></div> <div style="width: 30%; border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PRECINTO Nº</td> <td style="width: 50%; text-align: center;">003611</td> </tr> <tr> <td>FECHA PUESTA EN VIGENCIA</td> <td></td> </tr> </table> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                                                                     |                                     |                                 |      | PRECINTO Nº                | 003611             | FECHA PUESTA EN VIGENCIA            |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| PRECINTO Nº                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 003611                              |                                     |                                                                                     |                                     |                                 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| FECHA PUESTA EN VIGENCIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                                                                     |                                     |                                 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | FIRMA CLIENTE - ACLARACIÓN          |                                                                                     | FIRMA - ACLARACIÓN                  |                                 |      |                            |                    |                                     |                                                                                     |                          |            |                            |                      |                                     |                          |                                     |                                     |                            |                    |                                     |                          |                           |                                     |                          |           |                          |        |                                     |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |           |           |             |     |       |          |          |

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