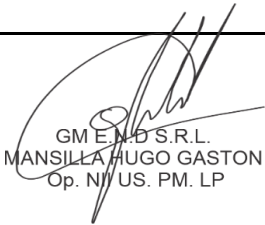


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>INFORME DE I.N.D</b>             |                                                                                                                                                                                                          | <b>Nº 14.178</b><br>HOJA 1 de 1                                                     |                                     |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------|----------------------------|--------------------|-------------------------------------|-------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|-------------------------------------|-------------------------------------|--------------------|-------------------------------------|--------------------------|-----------|--------------------------|----------|-------------------------------------|------------------|--------|-----------|-----------|-----------|-----------------|-----------|-------|----------|----------|---------------------|---------|-------|----------|----------|----------------|------------|-----------------|--------|---------|-------------|-----|-------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>GRILLETE OMEGA</b>               |                                                                                                                                                                                                          |                                                                                     |                                     |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | CLIENTE: <b>TRANSPORTE JMB</b>                                                                                                                                                                           | FECHA:                                                                              | 31 / 08 / 2023                      |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | EQUIPO: <b>54</b>                                                                                                                                                                                        | LUGAR DE INSPECCIÓN:                                                                | <b>BASE CLIENTE</b>                 |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| MARCA: <b>CROSBY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DIAMETRO: <b>Ø 1"</b>               | CAPACIDAD: <b>8 ½ TONELADAS</b>                                                                                                                                                                          |                                                                                     |                                     |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| Nº PARTE: <b>2490</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | IDENT Nº: <b>#54-1</b>              | VIGENCIA: <b>12 MESES</b>                                                                                                                                                                                |                                                                                     |                                     |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| <table style="width: 100%;"> <tr> <td style="width: 33%;">Inspección a metal limpio:</td> <td style="width: 33%;">Arenado</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 33%;">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 checked="" type="checkbox"/></td> <td>Humedas</td> <td style="text-align: center;"><input type="checkbox"/></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> </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 checked="" type="checkbox"/> | Humedas            | <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 checked="" type="checkbox"/>                                                                                                                                                                      | Armado                                                                              | <input type="checkbox"/>            |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| Inspección con partículas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Secas                               | <input checked="" type="checkbox"/>                                                                                                                                                                      | Humedas                                                                             | <input type="checkbox"/>            |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Desarmado                           | <input type="checkbox"/>                                                                                                                                                                                 | Armado                                                                              | <input checked="" type="checkbox"/> |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>EQUIPO UTILIZADO</th> <th>Nº DE SERIE / LOTE</th> <th>Nº DE CERTIFICADO</th> <th>F. CALIBRACIÓN</th> <th>F. DE VENCIMIENTO</th> </tr> </thead> <tbody> <tr> <td>LÁMPARA UV</td> <td>9078</td> <td>END 224-10</td> <td>30/8/2010</td> <td>VER INT. UV</td> </tr> <tr> <td>YUGO</td> <td>0586</td> <td>5864</td> <td>8/9/2022</td> <td>8/9/2023</td> </tr> <tr> <td>BOBINA AC-DC</td> <td>17052908</td> <td>06299</td> <td>8/5/2020</td> <td>8/5/2025</td> </tr> <tr> <td>MEDIDOR DE CAMPO</td> <td>GM 064</td> <td>NO APLICA</td> <td>NO APLICA</td> <td>NO APLICA</td> </tr> <tr> <td>MED. INT. LUZ V</td> <td>070801317</td> <td>06301</td> <td>8/9/2023</td> <td>8/9/2023</td> </tr> <tr> <td>MEDIDOR INT. LUZ UV</td> <td>AC49723</td> <td>06302</td> <td>8/9/2022</td> <td>8/9/2023</td> </tr> <tr> <td>PARTICULAS S/H</td> <td>1701005785</td> <td>049552000190002</td> <td>jul-22</td> <td>jul-23.</td> </tr> <tr> <td>MASA PATRON</td> <td>864</td> <td>06303</td> <td>8/5/2020</td> <td>8/5/2025</td> </tr> </tbody> </table>                                                                             |                                     |                                                                                                                                                                                                          |                                                                                     |                                     | EQUIPO UTILIZADO           | Nº DE SERIE / LOTE | Nº DE CERTIFICADO                   | F. CALIBRACIÓN                                                                      | F. DE VENCIMIENTO        | LÁMPARA UV                          | 9078                     | END 224-10                          | 30/8/2010                           | VER INT. UV              | YUGO                       | 0586                                | 5864                                | 8/9/2022           | 8/9/2023                            | BOBINA AC-DC             | 17052908  | 06299                    | 8/5/2020 | 8/5/2025                            | MEDIDOR DE CAMPO | GM 064 | NO APLICA | NO APLICA | NO APLICA | MED. INT. LUZ V | 070801317 | 06301 | 8/9/2023 | 8/9/2023 | MEDIDOR INT. LUZ UV | AC49723 | 06302 | 8/9/2022 | 8/9/2023 | PARTICULAS S/H | 1701005785 | 049552000190002 | jul-22 | jul-23. | MASA PATRON | 864 | 06303 | 8/5/2020 | 8/5/2025 |
| EQUIPO UTILIZADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Nº DE SERIE / LOTE                  | Nº DE CERTIFICADO                                                                                                                                                                                        | F. CALIBRACIÓN                                                                      | F. DE VENCIMIENTO                   |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| LÁMPARA UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9078                                | END 224-10                                                                                                                                                                                               | 30/8/2010                                                                           | VER INT. UV                         |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| YUGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0586                                | 5864                                                                                                                                                                                                     | 8/9/2022                                                                            | 8/9/2023                            |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| BOBINA AC-DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 17052908                            | 06299                                                                                                                                                                                                    | 8/5/2020                                                                            | 8/5/2025                            |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| MEDIDOR DE CAMPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | GM 064                              | NO APLICA                                                                                                                                                                                                | NO APLICA                                                                           | NO APLICA                           |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| MED. INT. LUZ V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 070801317                           | 06301                                                                                                                                                                                                    | 8/9/2023                                                                            | 8/9/2023                            |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AC49723                             | 06302                                                                                                                                                                                                    | 8/9/2022                                                                            | 8/9/2023                            |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1701005785                          | 049552000190002                                                                                                                                                                                          | jul-22                                                                              | jul-23.                             |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| MASA PATRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 864                                 | 06303                                                                                                                                                                                                    | 8/5/2020                                                                            | 8/5/2025                            |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| <b>DETALLE DE INSPECCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                          |                                                                                     |                                     |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | APTO                                | NO APTO                                                                                                                                                                                                  |  |                                     |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                 |                                                                                     |                                     |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| Condición de Ojal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                 |                                                                                     |                                     |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| Condición de Cuerpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                 |                                                                                     |                                     |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| Condición de Perno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                 |                                                                                     |                                     |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 01 ASTM E709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                          | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | <table style="width: 100%;"> <tr> <td style="width: 50%;">PRECINTO Nº</td> <td style="width: 50%; text-align: center;">006236</td> </tr> <tr> <td>FECHA PUESTA EN VIGENCIA</td> <td></td> </tr> </table> |                                                                                     |                                     | PRECINTO Nº                | 006236             | FECHA PUESTA EN VIGENCIA            |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| PRECINTO Nº                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 006236                              |                                                                                                                                                                                                          |                                                                                     |                                     |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| FECHA PUESTA EN VIGENCIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                          |                                                                                     |                                     |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | FIRMA CLIENTE - ACLARACIÓN                                                                                                                                                                               |                                                                                     | FIRMA - ACLARACIÓN                  |                            |                    |                                     |                                                                                     |                          |                                     |                          |                                     |                                     |                          |                            |                                     |                                     |                    |                                     |                          |           |                          |          |                                     |                  |        |           |           |           |                 |           |       |          |          |                     |         |       |          |          |                |            |                 |        |         |             |     |       |          |          |

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