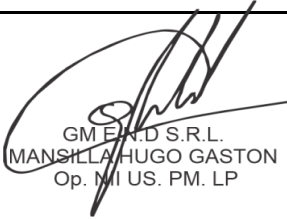


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>INFORME DE I.N.D</b>             |                                     |                                                                                     | <b>Nº 15.181</b><br>Hoja 1 de 1     |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------|--------------------|------|----------------------------|--------------------|-------------------------------------|-------------------------------------------------------------------------------------|--------------------------|-------------------------------------|----------------------------|-------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|----------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|-------|-------------------------|------------|--------------------------|---------|-------------------------------------|------------|------------|--------------|----------|-------|------------|------------|------------------|--------|-----------|-----------|-----------|----------------|------------|-----------|----------|----------|-------------|-----|-------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>CADENA</b>                       |                                     |                                                                                     |                                     |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | CLIENTE: <b>TRANSPORTE JMB</b>      | FECHA:                                                                              | 18                                  | 04                 | 2024 |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | EQUIPO: <b>#114</b>                 | LUGAR DE INSPECCIÓN:                                                                | <b>BASE GM END S.R.L.</b>           |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| MARCA: <b>CROSBY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DIÁMETRO: <b>Ø 3/8"</b>             | LONGITUD: <b>6 MTS</b>              |                                                                                     |                                     |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Nº PARTE: <b>3177</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | IDENT Nº: <b>#114-12</b>            | VIGENCIA: <b>12 MESES</b>           |                                                                                     |                                     |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Inspección a metal limpio:</td> <td style="width: 15%;">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: 5%;"></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; text-align: center;"> <tr> <th>EQUIPO UTILIZADO</th> <th>Nº DE SERIE / LOTE</th> <th>Nº DE CERTIFICADO</th> <th>F. CALIBRACIÓN</th> <th>F. DE VENCIMIENTO</th> </tr> <tr> <td>LÁMPARA UV</td> <td>9296</td> <td>NO APLICA</td> <td>CALIBRACIÓN INT.</td> <td>-</td> </tr> <tr> <td>YUGO</td> <td>303</td> <td>NO APLICA</td> <td>CALIBRACIÓN INT.</td> <td>-</td> </tr> <tr> <td>EQUIPO UT</td> <td>202000541986</td> <td>47942</td> <td>22/11/2023</td> <td>22/11/2024</td> </tr> <tr> <td>EQUIPO UT</td> <td>5020634</td> <td>45945</td> <td>31/07/2023</td> <td>31/07/2024</td> </tr> <tr> <td>BOBINA AC-DC</td> <td>17052908</td> <td>06299</td> <td>08/05/2020</td> <td>08/05/2025</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>PARTICULAS S/H</td> <td>2101005648</td> <td>NO APLICA</td> <td>jun-2021</td> <td>jun-2026</td> </tr> <tr> <td>MASA PATRÓN</td> <td>864</td> <td>45944</td> <td>1/8/2023</td> <td>1/8/2028</td> </tr> </table>                                                                                                                                                                                                                                                                  |                                     |                                     |                                                                                     |                                     |                    |      | EQUIPO UTILIZADO           | Nº DE SERIE / LOTE | Nº DE CERTIFICADO                   | F. CALIBRACIÓN                                                                      | F. DE VENCIMIENTO        | LÁMPARA UV                          | 9296                       | NO APLICA         | CALIBRACIÓN INT.                    | -                        | YUGO                                | 303                                 | NO APLICA                  | CALIBRACIÓN INT.          | -                                   | EQUIPO UT                | 202000541986             | 47942 | 22/11/2023              | 22/11/2024 | EQUIPO UT                | 5020634 | 45945                               | 31/07/2023 | 31/07/2024 | BOBINA AC-DC | 17052908 | 06299 | 08/05/2020 | 08/05/2025 | MEDIDOR DE CAMPO | GM 064 | NO APLICA | NO APLICA | NO APLICA | PARTICULAS S/H | 2101005648 | NO APLICA | jun-2021 | jun-2026 | MASA PATRÓN | 864 | 45944 | 1/8/2023 | 1/8/2028 |
| EQUIPO UTILIZADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Nº DE SERIE / LOTE                  | Nº DE CERTIFICADO                   | F. CALIBRACIÓN                                                                      | F. DE VENCIMIENTO                   |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| LÁMPARA UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9296                                | NO APLICA                           | CALIBRACIÓN INT.                                                                    | -                                   |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| YUGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 303                                 | NO APLICA                           | CALIBRACIÓN INT.                                                                    | -                                   |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| EQUIPO UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 202000541986                        | 47942                               | 22/11/2023                                                                          | 22/11/2024                          |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| EQUIPO UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5020634                             | 45945                               | 31/07/2023                                                                          | 31/07/2024                          |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| BOBINA AC-DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17052908                            | 06299                               | 08/05/2020                                                                          | 08/05/2025                          |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| MEDIDOR DE CAMPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | GM 064                              | NO APLICA                           | NO APLICA                                                                           | NO APLICA                           |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2101005648                          | NO APLICA                           | jun-2021                                                                            | jun-2026                            |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| MASA PATRÓN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 864                                 | 45944                               | 1/8/2023                                                                            | 1/8/2028                            |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <b>DETALLE DE INSPECCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                                                                     |                                     |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <table style="width: 100%; border-collapse: collapse;"> <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 rowspan="5" style="width: 50%; text-align: center;">  </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>                                                                           |                                     |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     |                                                                                     |                                     |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
|  <p style="font-size: small;">GM E.N.D. S.R.L.<br/>MANSILLA HUGO GASTON<br/>Op. MI US. PM. LP</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     | PRECINTO Nº <b>006793</b><br>FECHA PUESTA EN VIGENCIA                               |                                     |                    |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     | FIRMA CLIENTE - ACLARACIÓN                                                          |                                     | FIRMA - ACLARACIÓN |      |                            |                    |                                     |                                                                                     |                          |                                     |                            |                   |                                     |                          |                                     |                                     |                            |                           |                                     |                          |                          |       |                         |            |                          |         |                                     |            |            |              |          |       |            |            |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |