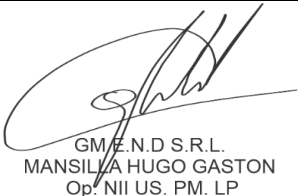
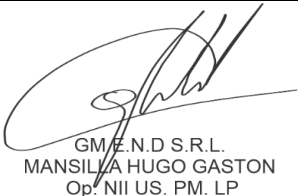
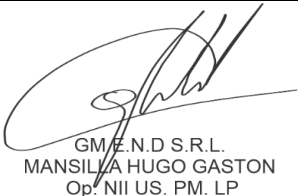


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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | QUINTA RUEDA               |                          |                      | HOJA 1 de 1          |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                          |                      | CATEGORIA INSPECCIÓN |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                          | II                   |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| PROCEDIMIENTO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PO-30                      | X                        | CLIENTE:             | CAM SRL              | FECHA:               | 16 08 2025   |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                          | Nº PARTE:            | 3.881                | LUGAR DE INSPECCIÓN: | BASE CLIENTE |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| MARCA:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | JOST                       |                          | DIÁMETRO DE ENGANCHE | N/A                  | Nº DE PIEZA:         | 28241052B2   |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| INTERNO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 318                        |                          | DOMINIO:             | AF-001-VR            | VIGENCIA:            | 12 MESES     |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                          |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Inspección a metal limpio: Arenado <input type="checkbox"/> Limpieza Mecánica <input checked="" 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><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>9296</td><td>61245</td><td>19/5/2025</td><td>19/5/2030</td></tr><tr><td>YUGO</td><td>0586</td><td>61246</td><td>6/5/2025</td><td>6/5/2030</td></tr><tr><td>EQUIPO UT1</td><td>202000541886</td><td>61239</td><td>8/5/2025</td><td>8/5/2026</td></tr><tr><td>EQUIPO UT2</td><td>5020634</td><td>54354</td><td>23/8/2024</td><td>23/8/2025</td></tr><tr><td>BOBINA AC-DC</td><td>1414</td><td>61248</td><td>21/5/2025</td><td>21/5/2026</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>1/6/2021</td><td>1/6/2026</td></tr><tr><td>MASA PATRON</td><td>864</td><td>45944</td><td>1/8/2023</td><td>1/8/2028</td></tr></tbody></table> |                            |                          |                      |                      |                      |              | EQUIPO UTILIZADO                                                                                                                                     | Nº DE SERIE / LOTE | Nº DE CERTIFICADO | F. CALIBRACIÓN       | F. DE VENCIMIENTO        | LÁMPARA UV | 9296             | 61245 | 19/5/2025                    | 19/5/2030                  | YUGO               | 0586 | 61246 | 6/5/2025 | 6/5/2030 | EQUIPO UT1 | 202000541886 | 61239 | 8/5/2025 | 8/5/2026 | EQUIPO UT2 | 5020634 | 54354 | 23/8/2024 | 23/8/2025 | BOBINA AC-DC | 1414 | 61248 | 21/5/2025 | 21/5/2026 | MEDIDOR DE CAMPO | GM 064 | NO APLICA | NO APLICA | NO APLICA | PARTICULAS S/H | 2101005648 | NO APLICA | 1/6/2021 | 1/6/2026 | MASA PATRON | 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                       | 61245                    | 19/5/2025            | 19/5/2030            |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| YUGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0586                       | 61246                    | 6/5/2025             | 6/5/2030             |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| EQUIPO UT1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 202000541886               | 61239                    | 8/5/2025             | 8/5/2026             |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| EQUIPO UT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5020634                    | 54354                    | 23/8/2024            | 23/8/2025            |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| BOBINA AC-DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1414                       | 61248                    | 21/5/2025            | 21/5/2026            |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| MEDIDOR DE CAMPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GM 064                     | NO APLICA                | NO APLICA            | NO APLICA            |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2101005648                 | NO APLICA                | 1/6/2021             | 1/6/2026             |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| MASA PATRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 864                        | 45944                    | 1/8/2023             | 1/8/2028             |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| DETALLE DE INSPECCIÓN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                          |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <table><thead><tr><th>DESCRIPCIÓN</th><th>APTO</th><th>NO APTO</th></tr></thead><tbody><tr><td>Detección de Fisuras</td><td>X</td><td></td></tr><tr><td>Estado de Cuerpo</td><td>X</td><td></td></tr><tr><td>Estado de Mecanismo</td><td>X</td><td></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                          |                      |                      |                      |              | DESCRIPCIÓN                                                                                                                                          | APTO               | NO APTO           | Detección de Fisuras | X                        |            | Estado de Cuerpo | X     |                              | Estado de Mecanismo        | X                  |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| DESCRIPCIÓN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | APTO                       | NO APTO                  |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X                          |                          |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Estado de Cuerpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X                          |                          |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Estado de Mecanismo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X                          |                          |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                          |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                          |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <table><tr><td>Aprobación según procedimiento Nº PO-30 ASTM E-709</td><td>SI</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                          |                      |                      |                      |              | Aprobación según procedimiento Nº PO-30 ASTM E-709                                                                                                   | SI                 |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| Aprobación según procedimiento Nº PO-30 ASTM E-709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SI                         |                          |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                          |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                          |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <table><tr><td rowspan="3"><br/>GM E.N.D S.R.L.<br/>MANSILLA HUGO GASTON<br/>Op: NII US, PM, LP</td><td rowspan="3"></td><td>PRECINTO Nº</td><td></td></tr><tr><td>FECHA PUESTA EN VIGENCIA</td><td></td></tr><tr><td colspan="2"></td></tr><tr><td>FIRMA OPERADOR GM END S.R.L.</td><td>FIRMA CLIENTE - ACLARACIÓN</td><td colspan="2">FIRMA - ACLARACIÓN</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                          |                      |                      |                      |              | <br>GM E.N.D S.R.L.<br>MANSILLA HUGO GASTON<br>Op: NII US, PM, LP |                    | PRECINTO Nº       |                      | FECHA PUESTA EN VIGENCIA |            |                  |       | FIRMA OPERADOR GM END S.R.L. | FIRMA CLIENTE - ACLARACIÓN | FIRMA - ACLARACIÓN |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| <br>GM E.N.D S.R.L.<br>MANSILLA HUGO GASTON<br>Op: NII US, PM, LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            | PRECINTO Nº              |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | FECHA PUESTA EN VIGENCIA |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                          |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FIRMA CLIENTE - ACLARACIÓN | FIRMA - ACLARACIÓN       |                      |                      |                      |              |                                                                                                                                                      |                    |                   |                      |                          |            |                  |       |                              |                            |                    |      |       |          |          |            |              |       |          |          |            |         |       |           |           |              |      |       |           |           |                  |        |           |           |           |                |            |           |          |          |             |     |       |          |          |

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