| **No.** | **ASUNTO** | **FECHA LÍMITE DE REALIZACIÓN** | **RESPONSABLE DE LA ATENCIÓN** | | |
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| **Nombre** | **Cargo** | **Área** |
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| **ENTREGA** |  | **RECIBE** |
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| (Nombre y firma de la persona servidora pública que entrega) |  | (Nombre y firma de la persona servidora pública que recibe) |