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| Oficina o Dependencia: |  |  |  |  | Código: | | | | | |
| Responsable: | |  |  | | Fecha: | | | D | M | A |
| Elaboro: | |  |  | |  |  |  |
| Código | | Nombre de la carpeta o libro | No. Consecutivo o Folios | Ubicación | Fecha Inicio | | | Fecha Final | | |
| Dependencia | Serie | A.C | D | M | A | D | M | A |
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