

**TOMO \_\_\_\_ DE \_\_\_\_**

**ANEXOS NÚMEROS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**(ÁREA)**

**ACTA ENTREGA RECEPCIÓN**

**(DEPENDENCIA O ENTIDAD)**

**MUNICIPIO DE OAXACA DE JUÁREZ, OAX.**

