

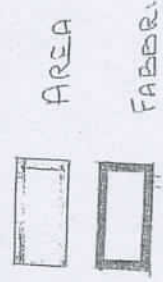
Mecc. 2015-00019/010

ALL. 4

Le Ditta
dr. ssa *[Signature]* FORNIT.

C.SO TELESIO

OGGETTO DI VALUTAZIONE:



CONTRORE GAS

