**Listado Original de Asistentes a Asamblea de: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Nombre Organismo Comunal** |  | | | | | **Nº** |  |
| **Municipio** |  | **Subregión** |  | **Fecha** |  | | |

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| **Nº** | **NOMBRES Y APELLIDOS** | **DOCUMENTO IDENTIDAD** | **FECHA DE NACIMIENTO** | **CORREO ELECTRÓNICO** | **TELÉFONO O CELULAR** | **COMISIÓN DE TRABAJO A LA QUE PERTENECE** | **FIRMA** |
| **1** |  |  |  |  |  |  |  |
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