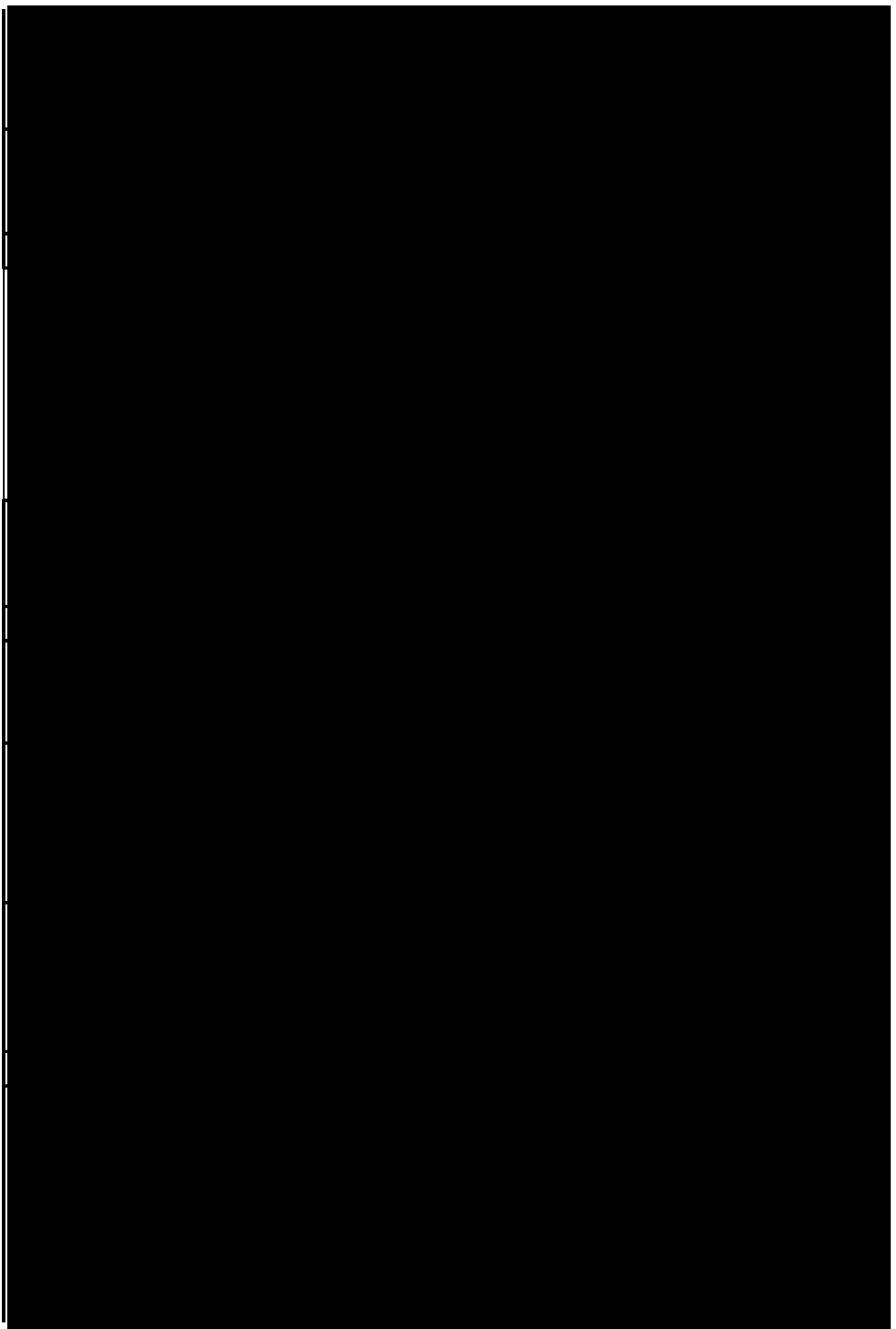
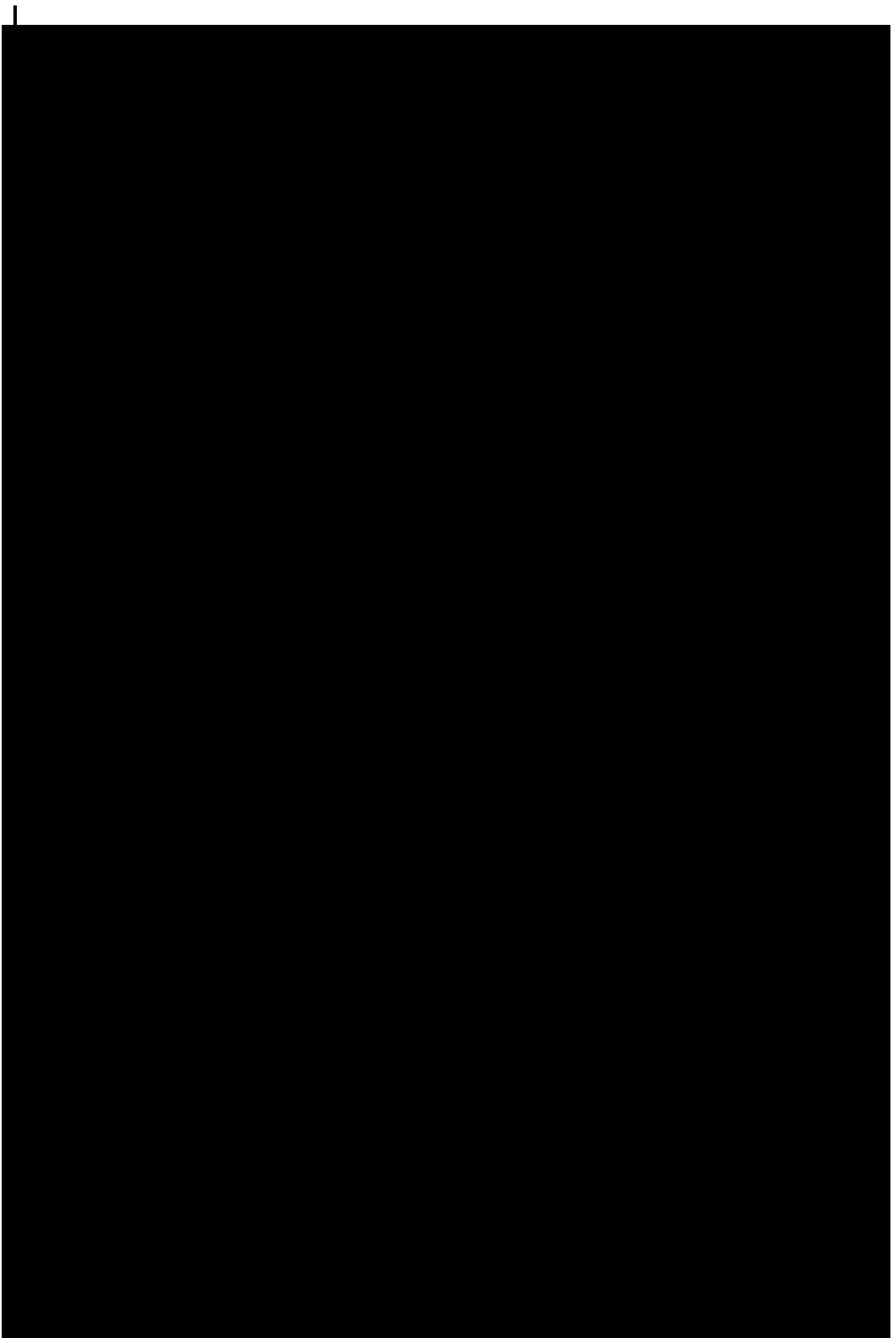
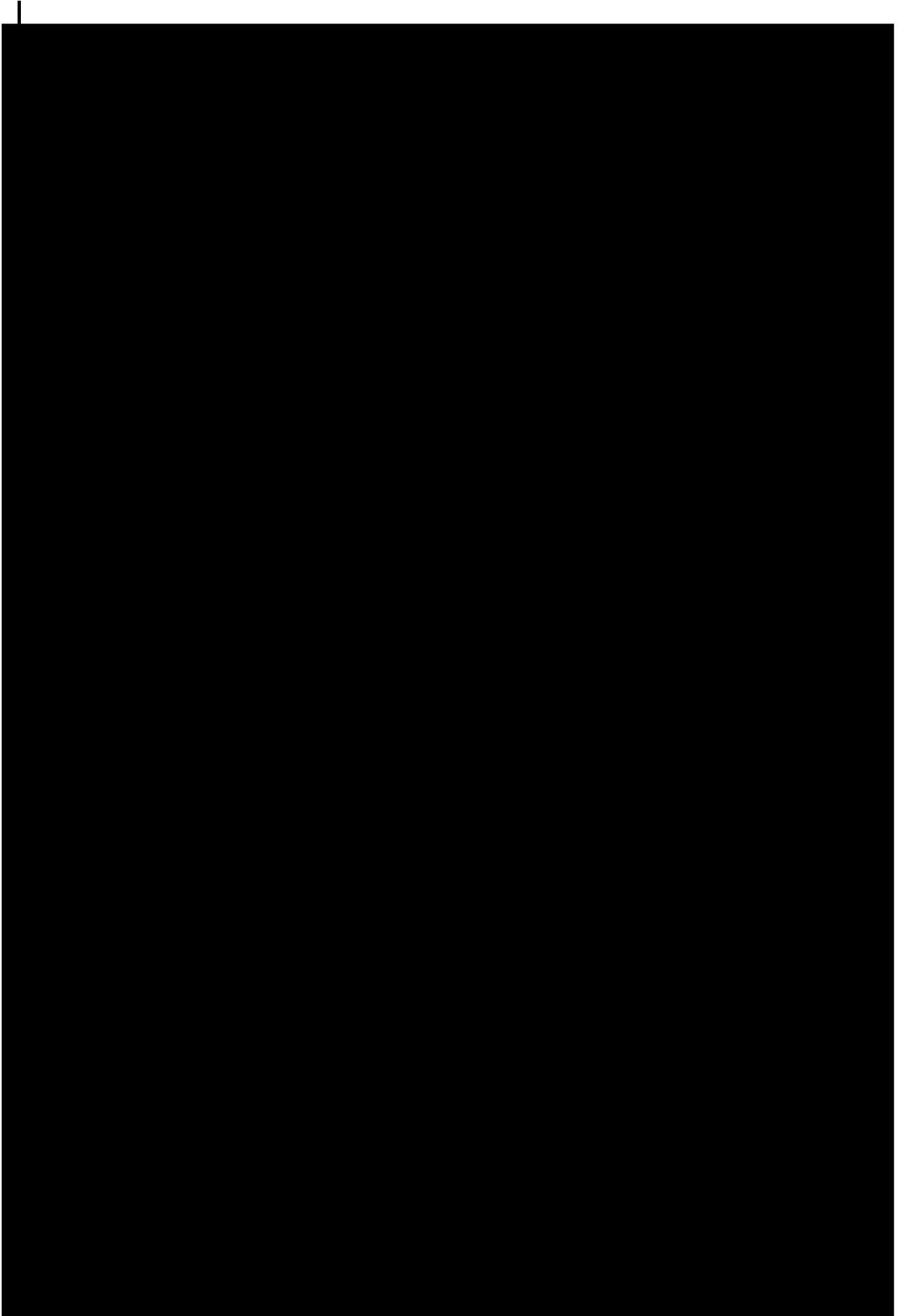




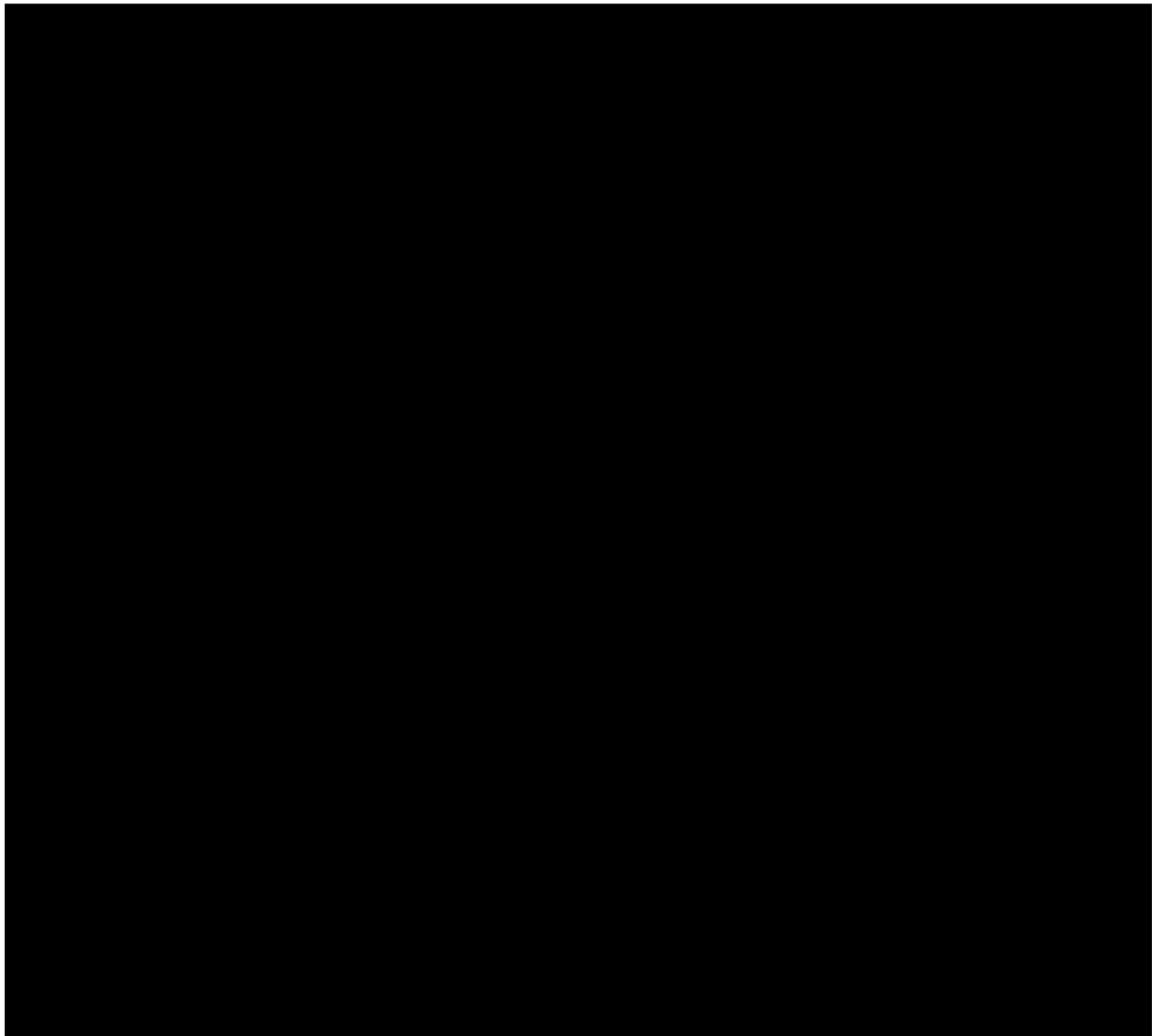
[The following text is a dense, handwritten manuscript, likely a letter or a journal entry. It is written in a cursive script and covers the majority of the page. Due to the image quality and the nature of the handwriting, the specific words and sentences are largely illegible. The text appears to be organized into several paragraphs, with some lines indented. There are some markings that could be interpreted as initials or section markers, but they are not clear enough to transcribe accurately.]



[The following text is a dense, continuous block of illegible characters and symbols, likely representing a corrupted or redacted document. It contains no discernible words or structure.]



[The following text is a dense, continuous block of text, likely a scan of a document page. It is mostly illegible due to extreme blurring and low resolution. The text appears to be a single paragraph or a series of closely related sentences, but the specific words and structure cannot be discerned.]



the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office of National Statistics 1999). The number of people aged 85 and over has increased by 0.5 million.

There is a growing awareness of the need to address the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

The strategy is based on the following assumptions: (1) that older people are a valuable resource; (2) that older people have the right to live independently and actively; (3) that older people have the right to access the services and support they need; and (4) that older people should be treated with respect and dignity. The strategy is based on the following principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

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The first of these is the fact that the system is not a simple one. It is a complex system, and as such, it is not possible to understand it by looking at its parts in isolation. The system is a whole, and it is only by looking at the whole that we can understand it. This is the first principle of systems thinking: the whole is greater than the sum of its parts.

The second principle is that the system is dynamic. It is not a static system, and it is not a system that can be understood by looking at a single point in time. The system is a process, and it is only by looking at the process that we can understand it. This is the second principle of systems thinking: the system is a process.

The third principle is that the system is interconnected. The parts of the system are not isolated, and they are not independent. They are all connected to each other, and they all influence each other. This is the third principle of systems thinking: the system is interconnected.

The fourth principle is that the system is self-organizing. The system is not a system that is imposed from the outside. It is a system that organizes itself from within. This is the fourth principle of systems thinking: the system is self-organizing.

The fifth principle is that the system is resilient. The system is not a system that is fragile and easily broken. It is a system that is resilient and able to withstand change. This is the fifth principle of systems thinking: the system is resilient.

The sixth principle is that the system is adaptable. The system is not a system that is rigid and inflexible. It is a system that is adaptable and able to change. This is the sixth principle of systems thinking: the system is adaptable.

The seventh principle is that the system is sustainable. The system is not a system that is unsustainable and will eventually collapse. It is a system that is sustainable and able to last. This is the seventh principle of systems thinking: the system is sustainable.

The eighth principle is that the system is equitable. The system is not a system that is unfair and unequal. It is a system that is equitable and fair. This is the eighth principle of systems thinking: the system is equitable.

The ninth principle is that the system is just. The system is not a system that is unjust and unfair. It is a system that is just and fair. This is the ninth principle of systems thinking: the system is just.

The tenth principle is that the system is peaceful. The system is not a system that is violent and warlike. It is a system that is peaceful and non-violent. This is the tenth principle of systems thinking: the system is peaceful.

[The following text is a dense, continuous block of illegible characters, likely representing a scanned document page. It contains no discernible words or structure.]

[The following text is a dense, continuous block of illegible characters and symbols, likely representing a corrupted scan of a document page. It contains no discernible words or structure.]

the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported as the most common serotype in children with acute bacterial dysentery [11].

There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1970s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [12]. In the 1980s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [13]. In the 1990s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [14].

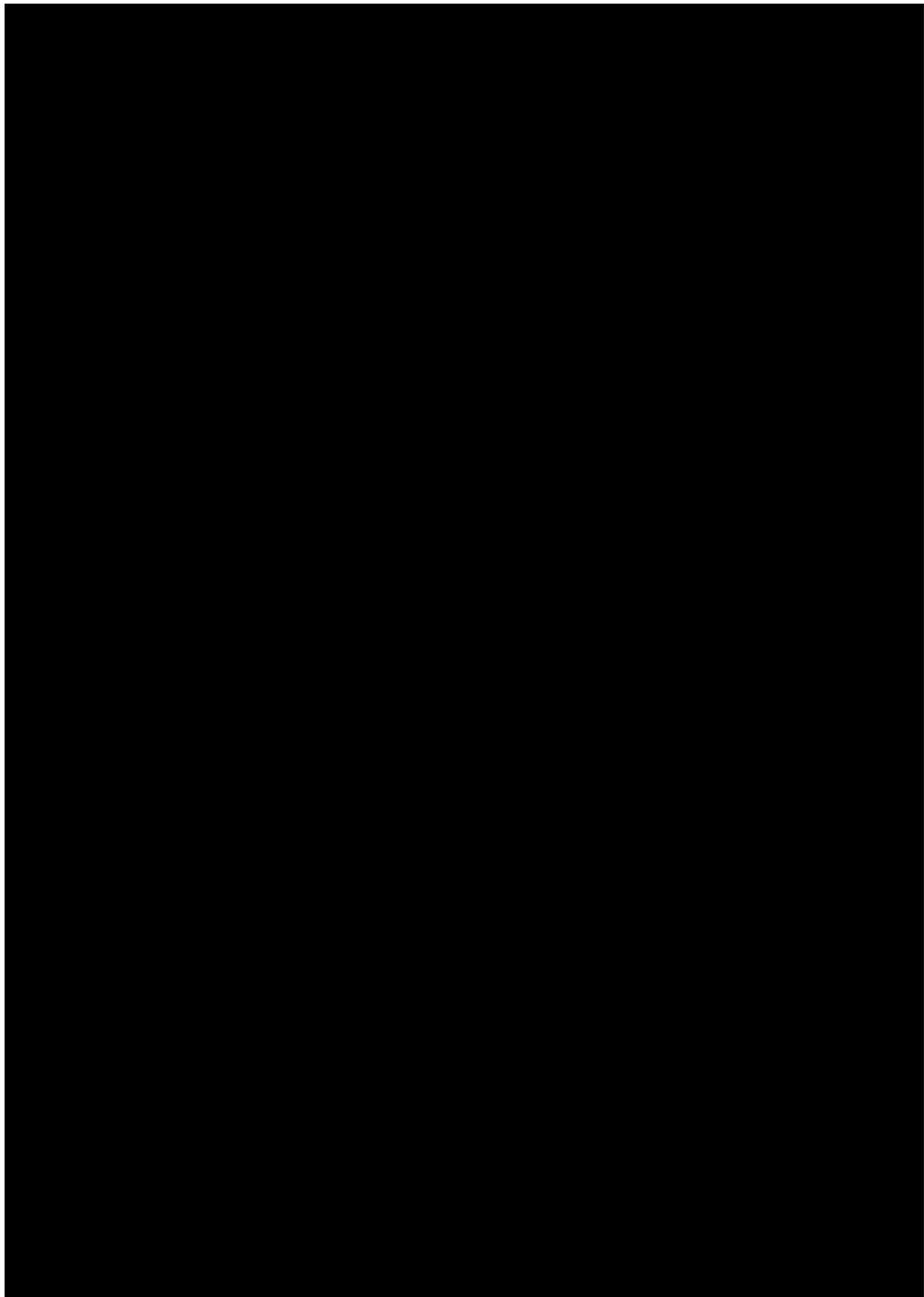
The purpose of this study was to determine the prevalence of *S. flexneri* in the United Kingdom. The study was designed to determine the prevalence of *S. flexneri* in the United Kingdom. The study was designed to determine the prevalence of *S. flexneri* in the United Kingdom. The study was designed to determine the prevalence of *S. flexneri* in the United Kingdom.

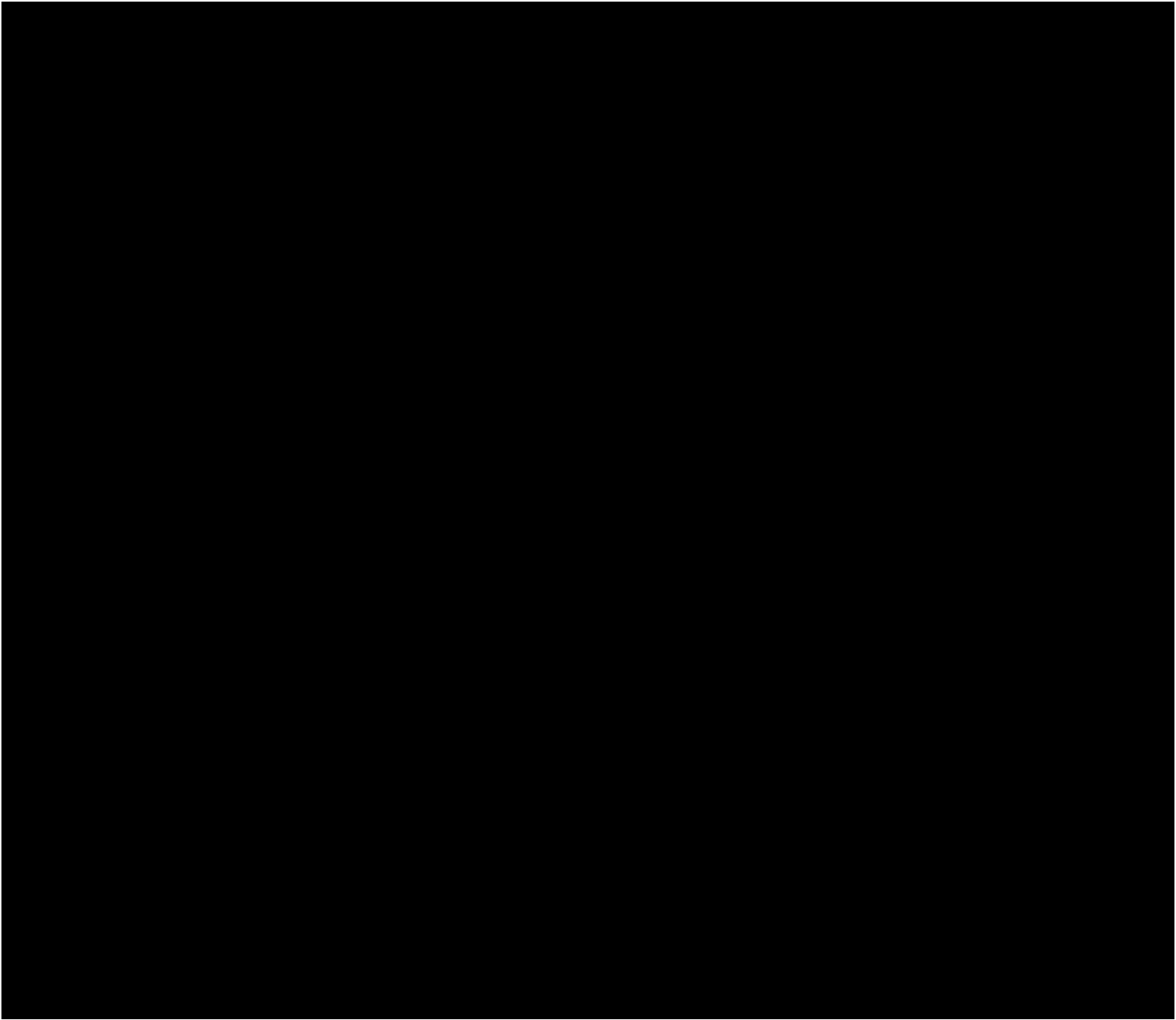
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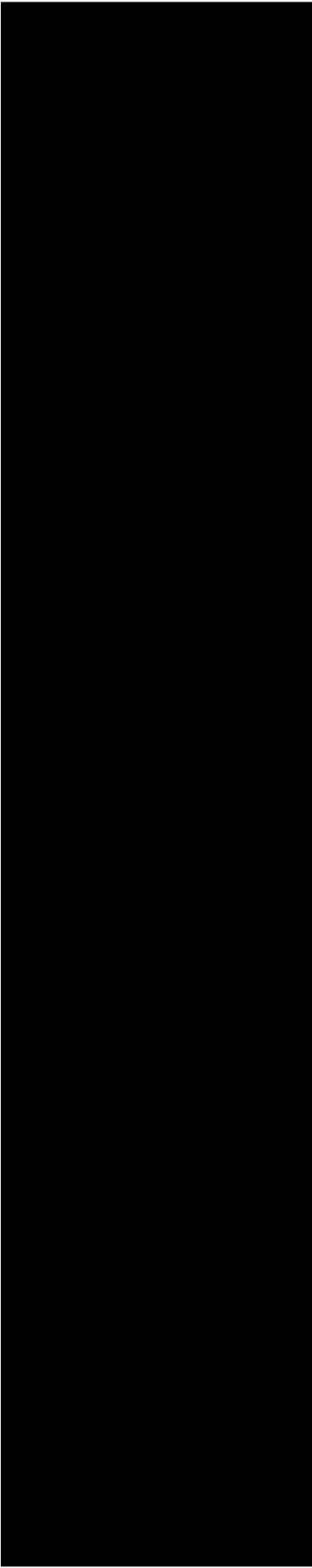
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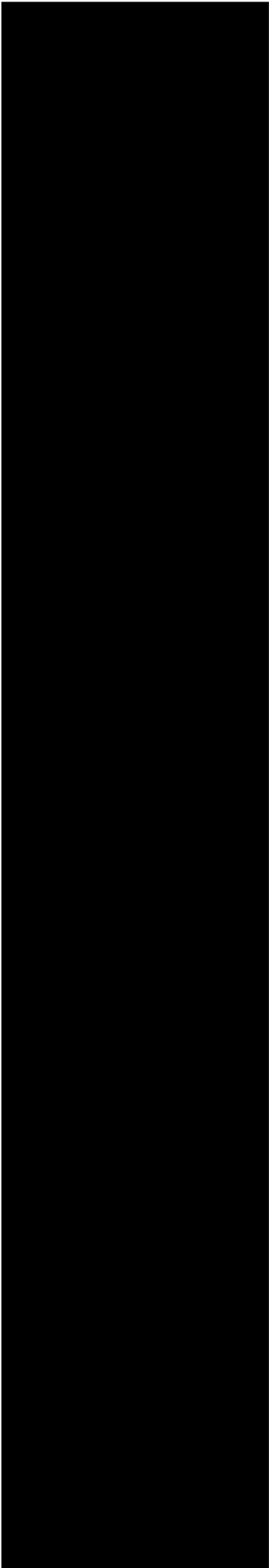
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Celkem v Kč bez DPH	730 962,50 Kč
DPH	153 502,13 Kč
Celkem v Kč vč. DPH	884 464,63 Kč

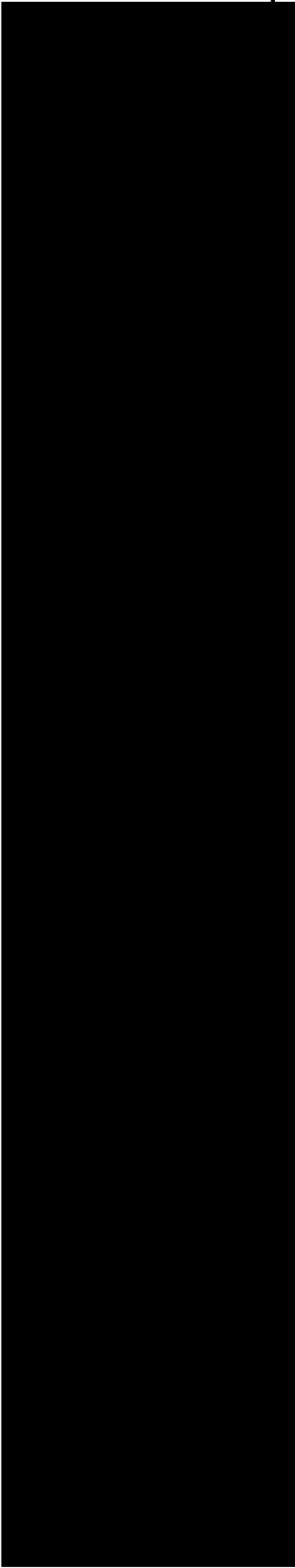


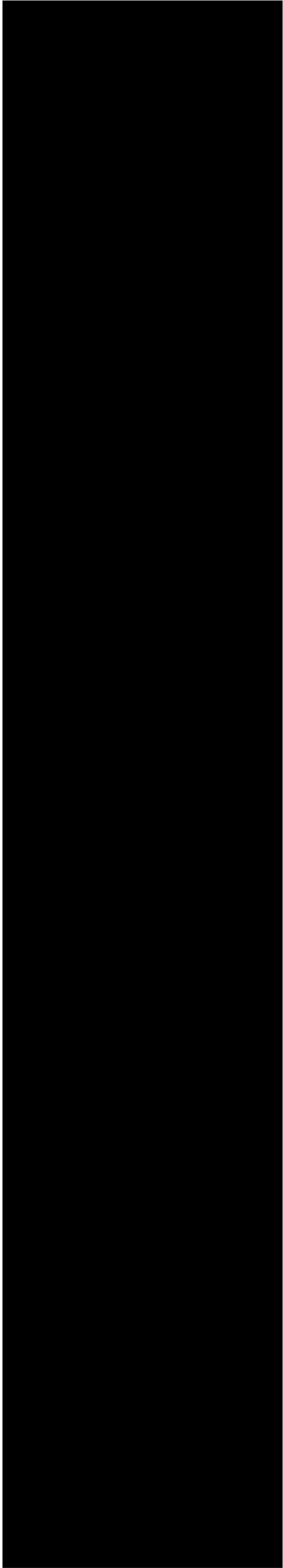


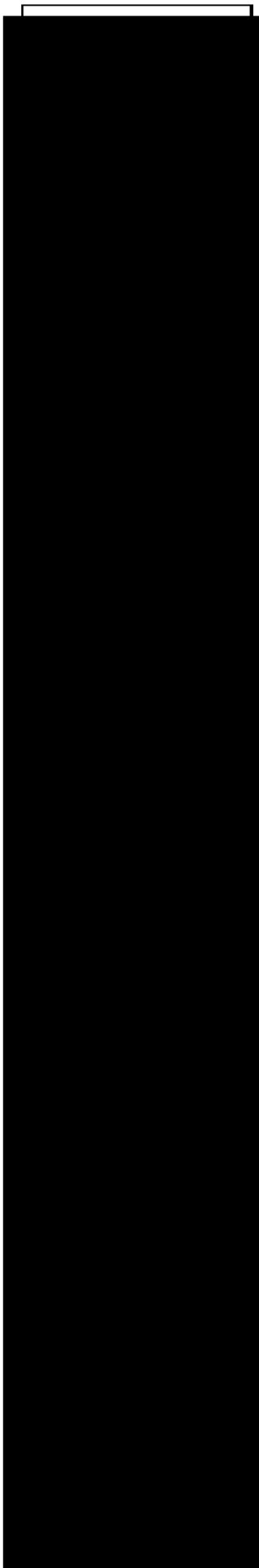




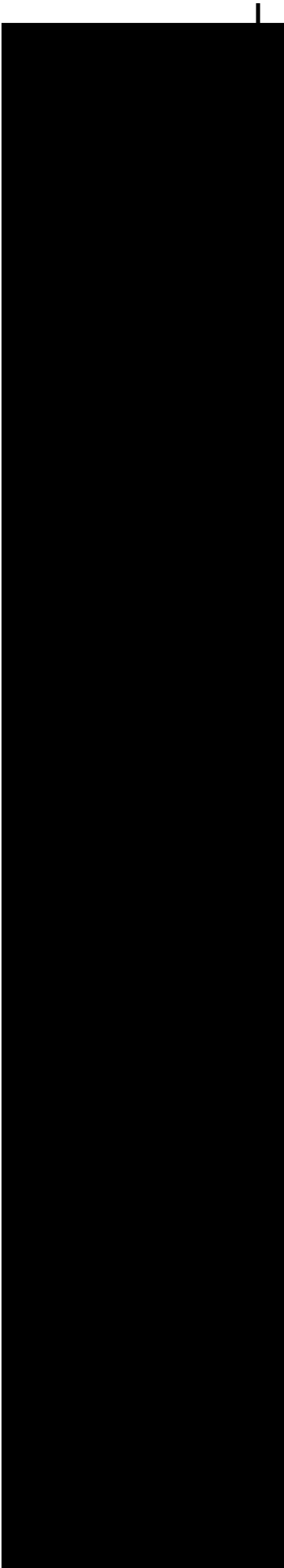
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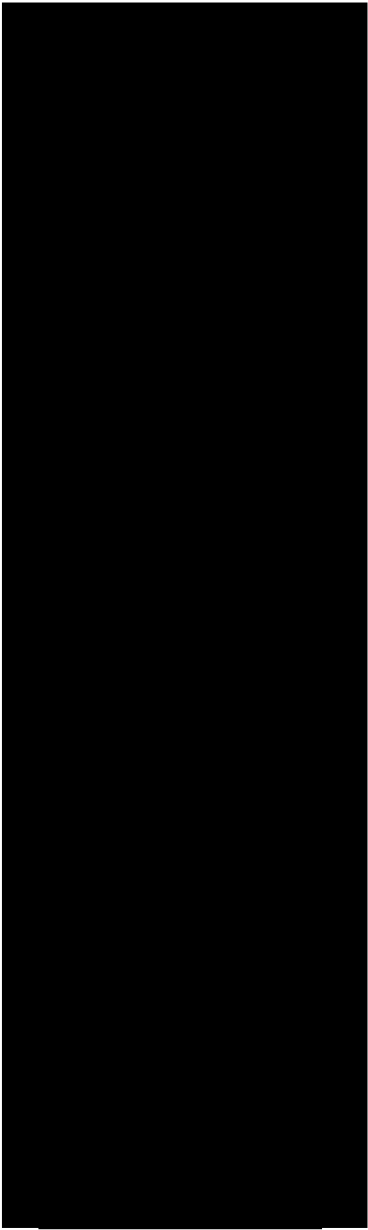












Souhrnný položkový rozpočet včetně specifikace

Oprava drobných kamenných památek na území NP Šumava

			+
			+
			+
			+
			+
			+
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			+
			+
			+
			+



+

730 962,50 Kč
153 502,13 Kč
884 464,63 Kč