

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed and effective as of the last date written below.

ARCHEOLOGICKÝ ÚSTAV AV ČR, BRNO, v.v.i.
ČECHYŇSKÁ 363/19, 602 00, BRNO, CZ

(Licensee)

By: _____
Authorized Signature

Printed Name: PHDr. LUKÁŠ FOCLAČEK, CSc.

Title: DIRECTOR

Date: 8.6.2018

(Distributor)

By: _____
Authorized Signature

Printed Name: _____

Title: _____

Date: _____

ENVIRONMENTAL SYSTEMS
RESEARCH INSTITUTE, INC.
(Esri)

By: _____
Authorized Signature

Printed Name: _____

Title: _____

Date: _____

Licensee Contact Information

Contact: Mgr. MICHAL HLAVICA

Address: VÝZKUMNÁ ZÁKLADNA

MIKULOVCE - TRAPÍKOV, MIKULOVCE 736

City, State, Postal Code: _____

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