ALLIED WASTE SERVICES

Customer Service Agreement

AGREEMENT NUMBER: 86171

ACCOUNT NUMBER: 37945 00001

INVOICE TO	
CUSTOMER NAME	Dickinson Theatres - Blue Springs 8
ATTN.:	
ADDRESS	~~9201 N. W. 133rd St.~~ 6801 W 107th St.
CITY STATE	O.P. KS.
ZIP CODE	66212
TEL. NO. / FAX NO.	

SITE LOCATION	
SITE NAME	Dickinson Theatres - Blue Springs 8
ADDRESS	1901 N.W. State Route 7
CITY STATE	Blue Springs Mo.
ZIP CODE	64014.
TEL. NO. / FAX NO.	816-229-0551
AUTHORIZED BY: / TITLE	Megan Hartley
CONTACT / TITLE	

N/O	CONT. GRP.	TYPE	SIZE	C	QUANTITY	ACCT. TYPE	C/O	GRID	SERV. FREQUENCY	EST. LIFTS	S	P.O. REQ.	REC'PT REQ.	L/F CODE	C/F/V	L/F AMOUNT	OPEN / CLOSE DATE	L.O.B.	PRE BILL	LIFT CHARGE	MONTHLY SERVICE	EXTRA LIFT	OTHER	RATE / UNIT	PERIOD RATE
N	1	FL	8	N	2	P	—		4/1 TU-FR		—			CR			8/1/10				186.00	55.00			
																					No Contain Delivery				
D	1	FL	8	N	2	P	—		2/1		—			CR							200.00	55.00			

ALLIED SERVICES, LLC DBA ALLIED WASTE SERVICES OF KANSAS CITY

HEREINAFTER REFERRED TO AS THE "COMPANY"

BY: Gary Burkhart (AUTHORIZED SIGNATURE) TITLE: 7-1-10.

The undersigned individual signing this Agreement on behalf of Customer acknowledges that he or she had read and understands the terms and conditions of this Agreement and that he or she had the authority to sign the Agreement on behalf of Customer.

BY: Megan Hartley (AUTHORIZED SIGNATURE) TITLE: Vendor Relations

Megan Hartley (CUSTOMER NAME (PLEASE PRINT)) DATE OF AGREEMENT

COMMENTS

Fuel 7% *5% years 2+3. Increase.

Enviro 7%

Rate based on _____ lbs/yd.

TERMS AND CONDITIONS

SERVICES. Customer grants to Company the exclusive right to collect and dispose of all of Customer's non-hazardous solid waste materials (including recyclables) (collectively, "Waste Materials"), and Company agrees to furnish such services.

TERM. THE INITIAL TERM OF THIS AGREEMENT SHALL START ON THE DATE OF THIS AGREEMENT AND CONTINUE FOR 36 MONTHS THEREAFTER. THIS AGREEMENT SHALL AUTOMATICALLY RENEW FOR SUCCESSIVE 36 MONTH TERMS UNLESS EITHER PARTY GIVES WRITTEN NOTICE OF TERMINATION TO THE OTHER AT LEAST 60 DAYS BEFORE THE END OF THE THEN CURRENT TERM. ANY NOTICE OF TERMINATION UNDER THIS AGREEMENT BY CUSTOMER SHALL BE VOID UNLESS SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED, AND ACTUALLY RECEIVED BY COMPANY..

WASTE MATERIALS. The Waste Materials shall not contain any hazardous materials, wastes or substances; toxic substances, wastes or pollutants; contaminants; pollutants; infectious wastes; medical wastes; or radioactive wastes (collectively, "Excluded Waste"), each as defined by applicable federal, state or local laws or regulations (collectively "Applicable Laws"). Customer shall indemnify, defend and hold harmless Company from and against any and all claims damages, suits, penalties, fines, remediation costs, and liabilities (including court costs and reasonable attorneys' fees ("collectively, "Losses") resulting from the inclusion of Excluded Waste in the Waste Materials.

TITLE. Company shall acquire title to Waste Materials when they are loaded into Company's truck. Title to and liability for any Excluded Waste shall remain with Customer and shall at no time pass to Company.

CONTINUED ON REVERSE

CUSTOMER COPY

ALLIED WASTE SERVICES

Customer Service Agreement

AGREEMENT NUMBER: 86176

ACCOUNT NUMBER: 37227 00001

INVOICE TO

CUSTOMER NAME: Dickinson Theatres - Great Mall 116.
ATTN.:
ADDRESS: ~~9201A W 133rd St~~ 6801 W. 107th St.
CITY STATE: O.P. KS
ZIP CODE: 66213
TEL. NO. / FAX NO.:

SITE LOCATION

SITE NAME: Dickinson Theatres - Great Mall 116.
ADDRESS: 20060 W 151st St.
CITY STATE: Olathe KS.
ZIP CODE: 66061
TEL. NO.: 913-393-1280 FAX NO.:
AUTHORIZED BY: Megan Hartley TITLE:
CONTACT / TITLE:

N/O	CONT. GRP.	TYPE	SIZE	C	QUANTITY	ACCT. TYPE	C/O	GRID	SERV. FREQUENCY	EST. LIFTS	S	P.O. REQ.	REC'PT REQ.	L/F CODE	C/F/V	L/F AMOUNT	OPEN / CLOSE DATE	L.O.B.	PRE BILL	LIFT CHARGE	MONTHLY SERVICE	EXTRA LIFT	OTHER	RATE / UNIT	PERIOD RATE
	1	RO	34	4	1	P	—		O/C	—				JC			7/1/10			120.00				Ton 28.00	
																						No Contam.		Deliveg.	

ALLIED SERVICES, LLC DBA ALLIED WASTE SERVICES OF KANSAS CITY
HEREINAFTER REFERRED TO AS THE "COMPANY"

BY: [signature] (AUTHORIZED SIGNATURE) TITLE: 7-1-10

The undersigned individual signing this Agreement on behalf of Customer acknowledges that he or she had read and understands the terms and conditions of this Agreement and that he or she had the authority to sign the Agreement on behalf of Customer.

BY: Megan Hartley (AUTHORIZED SIGNATURE) TITLE: Vendor Relations

Megan Hartley
CUSTOMER NAME (PLEASE PRINT) DATE OF AGREEMENT

COMMENTS

7% Fuel.
7% Enviro
5% Increase - years 2+3.

Rate based on _____ lbs/yd.

TERMS AND CONDITIONS

SERVICES. Customer grants to Company the exclusive right to collect and dispose of all of Customer's non-hazardous solid waste materials (including recyclables) (collectively, "Waste Materials"), and Company agrees to furnish such services.

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TITLE. Company shall acquire title to Waste Materials when they are loaded into Company's truck. Title to and liability for any Excluded Waste shall remain with Customer and shall at no time pass to Company.

CONTINUED ON REVERSE

CUSTOMER COPY

ALLIED WASTE SERVICES

Customer Service Agreement

AGREEMENT NUMBER 86173

ACCOUNT NUMBER 37228 00001

INVOICE TO	
CUSTOMER NAME	Dickinson Theatres - Westglen.
ATTN.:	
ADDRESS	~~9201 A W 133rd St.~~ 6801 W 107th St.
CITY STATE	O. P. KS.
ZIP CODE	66212
TEL. NO.	FAX NO.

SITE LOCATION	
SITE NAME	Dickinson Theatres - Westglen.
ADDRESS	16301 Midland Dr.
CITY STATE	Shawnee KS.
ZIP CODE	66217.
TEL. NO.	913-631-0871. FAX NO.
AUTHORIZED BY:	Megan Hartley TITLE
CONTACT	TITLE

N/O	CONT. GRP.	TYPE	SIZE	C	QUANTITY	ACCT. TYPE	C/O	GRID	SERV. FREQUENCY	EST. LIFTS	S	P.O. REQ.	REC'PT REQ.	L/F CODE	C/F/V	L/F AMOUNT	OPEN / CLOSE DATE	L.O.B.	PRE BILL	LIFT CHARGE	MONTHLY SERVICE	EXTRA LIFT	OTHER	RATE / UNIT	PERIOD RATE
	1	RO	34	Y	1	P	—	—	1/8 o/c	—	—	—	—	JC			7/1/10			120.00				28.00 Ton.	
																							No Contain De Cherry		

ALLIED SERVICES, LLC DBA ALLIED WASTE SERVICES OF KANSAS CITY

HEREINAFTER REFERRED TO AS THE "COMPANY"

BY: Gary [signature] TITLE: 7-1-10

(AUTHORIZED SIGNATURE)

The undersigned individual signing this Agreement on behalf of Customer acknowledges that he or she had read and understands the terms and conditions of this Agreement and that he or she had the authority to sign the Agreement on behalf of Customer.

BY: Megan Hartley TITLE: Vendor Relations

(AUTHORIZED SIGNATURE)

X Megan Hartley

CUSTOMER NAME (PLEASE PRINT) DATE OF AGREEMENT

COMMENTS

Fuel 7%
Enviro 7%

5% Increase. Years 2+3.

Rate based on _____ lbs/yd.

TERMS AND CONDITIONS

SERVICES. Customer grants to Company the exclusive right to collect and dispose of all of Customer's non-hazardous solid waste materials (including recyclables) (collectively, "Waste Materials"), and Company agrees to furnish such services.

TERM. THE INITIAL TERM OF THIS AGREEMENT SHALL START ON THE DATE OF THIS AGREEMENT AND CONTINUE FOR 36 MONTHS THEREAFTER. THIS AGREEMENT SHALL AUTOMATICALLY RENEW FOR SUCCESSIVE 36 MONTH TERMS UNLESS EITHER PARTY GIVES WRITTEN NOTICE OF TERMINATION TO THE OTHER AT LEAST 60 DAYS BEFORE THE END OF THE THEN CURRENT TERM. ANY NOTICE OF TERMINATION UNDER THIS AGREEMENT BY CUSTOMER SHALL BE VOID UNLESS SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED, AND ACTUALLY RECEIVED BY COMPANY..

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TITLE. Company shall acquire title to Waste Materials when they are loaded into Company's truck. Title to and liability for any Excluded Waste shall remain with Customer and shall at no time pass to Company.

CONTINUED ON REVERSE

CUSTOMER COPY

SLS 014 (468) 09/05

ALLIED WASTE SERVICES

Customer Service Agreement

AGREEMENT NUMBER: 86174

ACCOUNT NUMBER: 41985 00001

INVOICE TO	
CUSTOMER NAME	Dickinson Theatres — Palazzo ~~Palace~~
ATTN.:	
ADDRESS	~~9201A West 133rd St~~ 6801 W. 107th St.
CITY STATE	O.P.KS.
ZIP CODE	66213
TEL. NO.	FAX NO.

SITE LOCATION	
SITE NAME	Dickinson Theatres-Palazzo.
ADDRESS	8601 W 135th St.
CITY STATE	O.P.KS
ZIP CODE	66223.
TEL. NO.	913-814-7469. FAX NO.
AUTHORIZED BY:	TITLE
CONTACT	TITLE

N/O	CONT. GRP.	TYPE	SIZE	C	QUANTITY	ACCT. TYPE	C/O	GRID	SERV. FREQUENCY	EST. LIFTS	S	P.O. REQ.	REC'PT REQ.	L/F CODE	C/F/V	L/F AMOUNT	OPEN / CLOSE DATE	L.O.B.	PRE BILL	LIFT CHARGE	MONTHLY SERVICE	EXTRA LIFT	OTHER	RATE / UNIT	PERIOD RATE
	1	RO	34	4	1	P	—		1/4 FRI		—			JC			7/1/10			120.00				28.00 Ton.	
																							No Curtain Delivery		

ALLIED SERVICES, LLC DBA ALLIED WASTE SERVICES OF KANSAS CITY

HEREINAFTER REFERRED TO AS THE "COMPANY"

BY: [signature] (AUTHORIZED SIGNATURE) TITLE: 7-1-10

The undersigned individual signing this Agreement on behalf of Customer acknowledges that he or she had read and understands the terms and conditions of this Agreement and that he or she had the authority to sign the Agreement on behalf of Customer.

BY: Megan Kelly (AUTHORIZED SIGNATURE) TITLE: Vendor Relations

Megan Hurley (CUSTOMER NAME (PLEASE PRINT)) DATE OF AGREEMENT

COMMENTS

7% Fuel

7% Enviro

5% Increase - Years 2+3.

Rate based on _____ lbs/yd.

TERMS AND CONDITIONS

SERVICES. Customer grants to Company the exclusive right to collect and dispose of all of Customer's non-hazardous solid waste materials (including recyclables) (collectively, "Waste Materials"), and Company agrees to furnish such services.

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TITLE. Company shall acquire title to Waste Materials when they are loaded into Company's truck. Title to and liability for any Excluded Waste shall remain with Customer and shall at no time pass to Company.

CONTINUED ON REVERSE

CUSTOMER COPY

SLS 014 (468) 09/05

ALLIED WASTE SERVICES

Customer Service Agreement

AGREEMENT NUMBER 86172

ACCOUNT NUMBER 44848 00001

INVOICE TO	
CUSTOMER NAME	Dickinson Theatres - Northglen
ATTN.:	
ADDRESS	~~9201 A W 133rd St~~ 6801 W 107th St.
CITY STATE	O.P. KS.
ZIP CODE	66212
TEL. NO.	FAX NO.

SITE LOCATION	
SITE NAME	Dickinson Theatres - Northglen.
ADDRESS	4900 N.E 80th St.
CITY STATE	KCMo.
ZIP CODE	64119.
TEL. NO.	816-498-1100 FAX NO.
AUTHORIZED BY:	Megan Hartley TITLE
CONTACT	TITLE

N/O	CONT. GRP.	TYPE	SIZE	C	QUANTITY	ACCT. TYPE	C/O	GRID	SERV. FREQUENCY	EST. LIFTS	S	P.O. REQ.	REC'PT REQ.	L/F CODE	C/F/V	L/F AMOUNT	OPEN / CLOSE DATE	L.O.B.	PRE BILL	LIFT CHARGE	MONTHLY SERVICE	EXTRA LIFT	OTHER	RATE / UNIT	PERIOD RATE
	1	RO	34	Y	1	P	—		1/4 FRI	—	—	—	—	CR			7/1/10			120.00				Ton 28.00	
																						No Contain Delivery			

ALLIED SERVICES, LLC DBA ALLIED WASTE SERVICES OF KANSAS CITY

HEREINAFTER REFERRED TO AS THE "COMPANY"

BY: Gary Burkhart TITLE: 7-1-10

(AUTHORIZED SIGNATURE)

The undersigned individual signing this Agreement on behalf of Customer acknowledges that he or she had read and understands the terms and conditions of this Agreement and that he or she had the authority to sign the Agreement on behalf of Customer.

BY: Megan Hartley TITLE: Vendor Relations

(AUTHORIZED SIGNATURE)

Megan Hartley

CUSTOMER NAME (PLEASE PRINT)

DATE OF AGREEMENT

COMMENTS

Fuel 7%

Enviro 7%

5% Increase years 2+3.

Rate based on _____ lbs/yd.

TERMS AND CONDITIONS

SERVICES. Customer grants to Company the exclusive right to collect and dispose of all of Customer's non-hazardous solid waste materials (including recyclables) (collectively, "Waste Materials"), and Company agrees to furnish such services.

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TITLE. Company shall acquire title to Waste Materials when they are loaded into Company's truck. Title to and liability for any Excluded Waste shall remain with Customer and shall at no time pass to Company.

CONTINUED ON REVERSE

CUSTOMER COPY

SLS 014 (468) 09/05

ALLIED WASTE SERVICES

Customer Service Agreement

AGREEMENT NUMBER 86175

ACCOUNT NUMBER 37226 00001

INVOICE TO	
CUSTOMER NAME	Dickinson Theatres.
ATTN.:	
ADDRESS	~~9201 A W 133rd St.~~ 6801 W. 107th St.
CITY STATE	O.P.KS.
ZIP CODE	66212
TEL. NO.	FAX NO.

SITE LOCATION	
SITE NAME	Dickinson Theatres - Eastglen
ADDRESS	1451 NE Douglas St.
CITY STATE	Lee Summit Mo.
ZIP CODE	64086.
TEL. NO.	816-554-8580. FAX NO.
AUTHORIZED BY:	Megan Hartley TITLE
CONTACT	TITLE

N/O	CONT. GRP.	TYPE	SIZE	C	QUANTITY	ACCT. TYPE	C/O	GRID	SERV. FREQUENCY	EST. LIFTS	S	P.O. REQ.	REC'PT REQ.	L/F CODE	C/F/V	L/F AMOUNT	OPEN / CLOSE DATE	L.O.B.	PRE BILL	LIFT CHARGE	MONTHLY SERVICE	EXTRA LIFT	OTHER	RATE / UNIT	PERIOD RATE
	1	RO	34	4	1	P	—	—	1/4	—	—	—	—	CR			1/1/10			120.00				Ton 28.00	
																							No Contains	Delicia

ALLIED SERVICES, LLC DBA ALLIED WASTE SERVICES OF KANSAS CITY

HEREINAFTER REFERRED TO AS THE "COMPANY"

BY: Gary Burkhart TITLE: 7-1-10

(AUTHORIZED SIGNATURE)

The undersigned individual signing this Agreement on behalf of Customer acknowledges that he or she had read and understands the terms and conditions of this Agreement and that he or she had the authority to sign the Agreement on behalf of Customer.

BY: Megan Hartley TITLE: Vendor Relations

(AUTHORIZED SIGNATURE)

Megan Hartley

CUSTOMER NAME (PLEASE PRINT)

DATE OF AGREEMENT

COMMENTS

7% Fuel

7% Enviro

5% Increase

years 2+3.

Rate based on _____ lbs/yd.

TERMS AND CONDITIONS

SERVICES. Customer grants to Company the exclusive right to collect and dispose of all of Customer's non-hazardous solid waste materials (including recyclables) (collectively, "Waste Materials"), and Company agrees to furnish such services.

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TITLE. Company shall acquire title to Waste Materials when they are loaded into Company's truck. Title to and liability for any Excluded Waste shall remain with Customer and shall at no time pass to Company.

CONTINUED ON REVERSE

CUSTOMER COPY

SLS 014 (468) 09/05

INVOICE TO	
CUSTOMER NAME	Dickinson Theatre.
ATTN.:	
ADDRESS	9201 A W 133rd St.
CITY STATE	O.P. KS
ZIP CODE	66213.
TEL. NO.	FAX NO.

SITE LOCATION	
SITE NAME	Dickinson Theatres.
ADDRESS	6801 W 107th St.
CITY STATE	O PKS.
ZIP CODE	66212
TEL. NO.	913 FAX NO. 383-6114.
AUTHORIZED BY:	Diana. TITLE
CONTACT	TITLE

ALLIED WASTE SERVICES

Customer Service Agreement

AGREEMENT NUMBER 85143

ACCOUNT NUMBER 39972.

N/O	CONT. GRP.	TYPE	SIZE	C	QUANTITY	ACCT. TYPE	C/O	GRID	SERV. FREQUENCY	EST. LIFTS	S	P.O. REQ.	REC'PT REQ.	L/F CODE	C/F/V	L/F AMOUNT	OPEN / CLOSE DATE	L.O.B.	PRE BILL	LIFT CHARGE	MONTHLY SERVICE	EXTRA LIFT	OTHER	RATE / UNIT	PERIOD RATE
N		FL	4	N	1	P	—		1/1	—				JC			6/21/10				90.00	50.00	Del 25.00		

ALLIED SERVICES, LLC DBA ALLIED WASTE SERVICES OF KANSAS CITY

HEREINAFTER REFERRED TO AS THE "COMPANY"

BY: [signature] (AUTHORIZED SIGNATURE) TITLE: AM - 6-16-10

The undersigned individual signing this Agreement on behalf of Customer acknowledges that he or she had read and understands the terms and conditions of this Agreement and that he or she had the authority to sign the Agreement on behalf of Customer.

BY: [signature] (AUTHORIZED SIGNATURE) TITLE: Assistant Controller

Diana Pierce — CUSTOMER NAME (PLEASE PRINT)

6-16-10 — DATE OF AGREEMENT

COMMENTS

4 yard with Lids + wheels.

Rate based on _____ lbs/yd.

TERMS AND CONDITIONS

SERVICES. Customer grants to Company the exclusive right to collect and dispose of all of Customer's non-hazardous solid waste materials (including recyclables) (collectively, "Waste Materials"), and Company agrees to furnish such services.

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CONTINUED ON REVERSE

468995060 02 58 New

CUSTOMER COPY

SLS 014 (468) 09/05

Case 12-22602 Doc# 16-1 Filed 09/21/12 Page 7 of 7