FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washington, D.	C. 20549	
STATEMENT O	F CHANGES IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person* KATHOL ROBERT F								ker or Tra		Symbol TER C		ck all applic	nship of Reporting Person(s) to Issu l applicable) Director 10% Ow						
(Last) 954 SOU	(FI JTH 117TH	•	(Middle)			Date o		t Trans	action (Month/Day/Year)						Officer below)	Officer (give title below)		Other (specif below)	
,					_ 4. I	f Ame	endment,	Date	of Origina	ıl Filed	d (Month/D	ay/Year)		6. Ind	lividual or 3	Joint/Group	Filing (Chec	k Appli	cable
(Street) OMAHA	A N	E	68154											X	-	iled by Moi	e Reporting P re than One F		ng
(City)	(S	tate)	(Zip)												Person	1			
		Tab	le I - No	n-Deriv	vative	Sec	curitie	s Ac	quired	, Dis	posed o	of, or Be	enef	icially	Owned	l			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Y		Execution		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				5. Amou Securitie Benefici Owned F	es	6. Ownershi Form: Direct (D) or Indiret (I) (Instr. 4)	of I	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	r P	rice	Reported Transaction(s) (Instr. 3 and 4)			(Ins	str. 4)	
Common	ı			08/09	/2004				A		10	A		\$22.1	9,139	9.7603	D		
Common	l			11/12	/2004				A		9.036	1 A		\$24.9	9,148	3.7964	D		
Common				08/09	/2004				A		49.497	'3 A		\$22.1	9,198	3.2937	D		
Common	l			11/12	/2004				A		45.173	7 A		\$24.9	9,243	3.4674	D		
Common	ı			08/09	/2004				A		10	A		\$22.1	9,253	3.4674	D		
Common	l			11/12	/2004				A		9.036	1 A		\$24.9	9,262	2.5035	D		
Common	l	08/09/		/2004	2004			A		6.931	6 A		\$22.1	.1 9,269.4351		D			
Common	l	11/12/		/2004	2004			A		6.326	1 A		\$24.9	9,275.7612		D			
Common	l			02/10	/2005				A		8.707	4 A		25.84	9,284	1.4686	D		
Common	l			02/10	/2005				A		43.923	8 A		25.84	9,328	3.3924	D		
Common	l			02/10	/2005	\perp			A		8.707	4 A		25.84	9,337	7.0998	D		
Common	ı			02/10	/2005	\perp			A		6.151	1 A		\$25.84	9,343	3.2509	D	\perp	
Common		05/10	05/10/2005		<u> </u>		A		8.2357 <i>A</i>			\$27.32			D				
Common	mmon 05/10		/2005				A		41.90	6 A		\$27.32			D				
Common		05/10/2005		-			A		8.235	7 A		\$27.32	_		D	\perp			
Common		05/10/2005		+			A		5.868		+	\$27.32		7.4968	D	_			
Common	l			05/16			-,-		A	<u>.</u>	766.283			\$26.1		3.7803	D		
			Table II -								osea or converti				Ownea				
Derivative Conversion Date Execut Security or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	n Date, Transacti Code (Ins			ion of I		6. Date Exercis Expiration Date (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		urity [[3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	ship ((D) (rect (Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nui of	ount mber ares					
Stock Options	\$26.82	05/17/2005			Α		3,000		05/17/20	05 0	05/16/2015	Common	3,	000	\$26.82	3,000	D		
xplanatio	n of Respons	ses:	,				1					,					•		

/s/ Robert F. Kathol

05/17/2005

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.