FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

**OMB APPROVAL** OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  YOUNG JAMES R																	tionship of Reportir all applicable) Director		orting Person(s) to Issue 10% Own		
					3. Date of Earliest Transaction (Month/Day/Year) 01/26/2006										X	Officer (give title below)  CEO & PRESI			Other (s below) DENT	specify	
(Street) OMAHA (City)		E State)	68179 (Zip)		4. I	f Am	endment,	Date	of C	Original F	-iled	(Month/Day	y/Yea	ar)		. Indii ine) X		ed by One	e Repoi	(Check App rting Person One Repor	1
(=-9)			able I - Nor	n-Deriva	ativ	e S	ecuritie	s A	cqı	uired,	Dis	posed o	f, o	r Ben	neficia	lly (	Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		1	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			d 5)	5. Amount of		Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code		Amount	(A) or (D) Price		:					(Instr. 4)			
Common Stock <sup>(1)</sup>			01/26	200	)6				A		21,50	00 A		\$(	0	140,205		D			
Common Stock <sup>(2)</sup>		01/26	1/26/2006					A		42,00	0 A		\$(	0	182,205			D			
Common	Stock <sup>(3)</sup>																19,534.2841 I			(1)	
Common Stock <sup>(4)</sup>															118.6226			I	by Managed Account		
			Table II -									osed of, onvertil				y O	wned				*
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Da if any (Month/Day/Y	Code (Instr.		5. Number Derivative Securities Acquired or Disposof (D) (In 3, 4 and !	6. Date Exercisable ar Expiration Date (Month/Day/Year)				7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)			Derivative Security		9. Number derivative Securitie Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Cod	le \	v	(A)	(D)		ate kercisabl		Expiration Date	Title	e _	Amoun or Numbe of Shar	r		Transaction(s) (Instr. 4)			
Non- Qualified Stock Option (right to	\$86.05	01/26/2006		A		220,500			01	/26/2007	(5)	01/26/2016		mmon tock	220,50	00	\$0	220,500		D	

## **Explanation of Responses:**

- 1. Retention unit award with a distribution ratio of 1:1. This award is payable only in shares of common stock with a four year vesting period from grant date.
- 2. Performance retention unit award with a distribution ratio of 1:1. This award is payable only in shares of common stock with a three year vesting period from the grant date. The amount of shares in column 4 is the maximum number of shares that the reporting person is eligible to receive. The actual number of shares paid out at vesting, if any, depends on applicable performance criteria being met.
- 3. Represents conversion of restricted stock units to fully vested stock units with a distribution ratio of 1:1 Payable only in shares of common stock at termination of employment or a date certain.
- 4. Includes holdings in employee benefit plans, Tax Reduction and Payroll Based Stock Plans, as of Transaction Date.
- 5. This option becomes exercisable in three equal installments starting one year from the grant date.

By: Michael M. Hemenway, 01/30/2006 Attorney-in-Fact For: James R. Young

\*\* 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.