

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Certificate Number:
2026-1459511

ROYAL VISTA INC.
 Liberty Hill, TX United States

Date Filed:
05/08/2026

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Date Acknowledged:

City of Round Rock

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

MDW24
 MEADOWS DR. CHANGE ORDER WATER, WASTEWATER, AND STORM DRAIN IMPROVEMENTS AREAS 2 & 4

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	GREEN, DANA	Liberty Hill, TX United States	X	
	STEVE, GREEN	LIBERTY HILL, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Dana M. Green, and my date of birth is [REDACTED]
 My address is 27410 EFM 1431, Marble Falls TX 78654 USA
(city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Williamson County, State of Texas, on the 08th day of May, 2026
(month) (year)

Dana M. Green Esq
 Signature of authorized agent of contracting business entity
 (Declarant)

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	GREEN, DANA	Liberty Hill, TX United States	X	
	STEVE, GREEN	LIBERTY HILL, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____.
(city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)