

## Contact information

**First name:** ALANA

**Middle name:**

**Last name:** ODAWA-LINDSTONE

**Street address:** 678 CITY RD

**Street address 2:**

**Town or city:** FORT WILLIAM FIRST NATION

**Country:** CA

**Province or state:** ON

**Postal code or Zip:** P7J1K3

**Home phone:** 8076277698

**Business phone:** 000-000-0000

**Mobile phone:** 8076277698

**Email address:** rcatroppa@nanlegal.on.ca

## Payment

1

Credit card

**Total:** \$744.58 CAD

**Name on card**

Rachel Catroppa

**Card number**

XXXX XXXX XXXX 2499

**Expiration date**

10/2029

**Payment status**

✓ Approved

**Confirmation number**

30240939

[View your receipt](#)