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 C O U N S E L O R S A T L A W

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August 2, 2007

**BY CERTIFIED MAIL
 RETURN RECEIPT REQUESTED**

Top Hat Plan Exemption
 Employee Benefits Security Administration
 Room N-1513
 U.S. Department of Labor
 200 Constitution Avenue, NW
 Washington, DC 20210

07 AUG 16 11:53

Re: Pharmaceutical Technologies and Services Deferred Compensation Plan (the "Plan")

Dear Sir or Madam:

On behalf of Catalent Pharma Solutions, Inc. ("Catalent"), we are hereby submitting the following information with respect to the above referenced plan pursuant to Department of Labor Regulation § 2520.104-23.

1. **Name of Employer:** Catalent Pharma Solutions, LLC
2. **Address of Employer:** 14 Schoolhouse Road
Somerset, NJ 08873
3. **Employer's Tax ID:** 13-3523163
Number

4. **Declaration:** The Plan is maintained primarily for the purpose of providing deferred compensation to a select group of management and highly compensated employees.

5. **Number of Deferred Compensation Plans:** Other than the Plan, Catalent maintains 2 other plans primarily for the purpose of providing deferred compensation to a select group of management and highly compensated employees. There are 11 participants in a supplemental benefit plan for key employees and 10 participants in the supplemental executive retirement plan.

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6. ***Number of Participants in the Plan:*** There are 43 employees participating in the Plan; however, not all 43 are currently making deferrals into the Plan.

Catalent will provide copies of the Plan document to the Department of Labor upon request. Kindly acknowledge receipt of this letter by date-stamping the enclosed copy and returning it in the envelope provided.

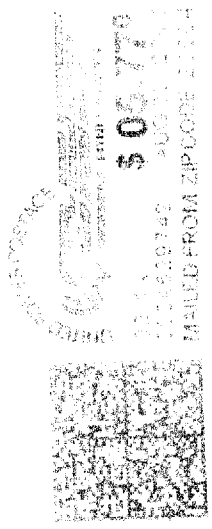
Sincerely,



Claudia L. Hinsch
c: Paul Costa



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