# PRODUCT/PROCESS CHANGE NOTICE (PCN)

<table>
<thead>
<tr>
<th>PCN Number:</th>
<th>PCN 21024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued:</td>
<td>6/9/2021</td>
</tr>
<tr>
<td>Product(s) Affected:</td>
<td><img src="Image" alt="" /> SP3490CN-L/TR, SP3490EN-L, SP3490EN-L/TRA</td>
</tr>
</tbody>
</table>

**Means of Distinguishing Changed Devices:**
- [ ] Back Mark
- [ ] Date Code
- [x] Lot Number

| Manufacturing Location Affected: | Foundry FROM: Silan, China  
|                                  | Foundry TO: TSMC Fab 10, Shanghai |
| Date Effective (90 day window):  | June 9, 2021                  |
| Date Issued +90 days:            | September 9, 2021             |

**Contact:**
- Your local MaxLinear Marketing Representative
- or contact our Customer Support team by creating a Support Ticket at [http://www.maxlinear.com/support/createcase](http://www.maxlinear.com/support/createcase)
- Phone: 1-760-692-0711

**Description and Purpose of Change:**
MaxLinear has qualified TSMC wafer foundry in order to facilitate long term support of the product line. The process has been optimized to produce very similar characteristics as the currently shipping devices from Silan foundry and will meet existing datasheet specifications.

There are no changes to assembly location.
There are no changes in the package BOM
There are no changes to device reliability

Note: Users who rely on DC, diode characteristics during ICT testing should take caution certain I/O characteristics may appear changed due to the proprietary I/O structures employed by TSMC. These DC / diode characteristic differences are not guaranteed nor required to ensure full design functionality per datasheet. Adjustments at ICT testing may be required to prevent false failures.

**Reliability/Qualification Summary:**
Reliability reports available upon request.

Customer Acknowledgement of Receipt within 30 days of issue. Lack of acknowledgement within 30 days constitutes acceptance of change.

Please fax or email this form to the contact above after completing the following information:

Customer: ____________________________
Name: ______________________________
Title: ______________________________
Date: ______________________________
E-Mail: _____________________________
Phone: _____________________________
Fax: _________________________________

☐ Approval for shipments prior to effective date

Customer Comments (Optional):