### PRODUCT CHANGE NOTICE (PCN)

<table>
<thead>
<tr>
<th>PART NUMBER(S):</th>
<th>PCN No.: <strong>10-0224-02</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>SP7663ER-L, SP7663ER-L/TR</td>
<td>DATE: February 26, 2010</td>
</tr>
</tbody>
</table>

**PART DESCRIPTION:**

See [WWW.EXAR.COM](http://WWW.EXAR.COM)

**LEVEL OF CHANGE:**

- [X] Level I, Customer Approval.
- [ ] Level II, Customer Information.

**PRODUCT ATTRIBUTE AFFECTED:**

- [X] Material Change
- [X] Data Sheet Change
- [ ] Design Change
- [ ] Package Change
- [ ] Process Change
- [ ] Packing / Shipping
- [X] Other, Explain: Wafer fab transfer

**DESCRIPTION OF THE PROPOSED CHANGE:**

1. Controller chip wafer fabrication is changed from Polar 35, USA to Jazz 35 MEX, USA.
2. Low and high side FET chips are changed from Vishay FETSUC40N03-18L to ANPEC FET APM4820KCG.
3. ESD rating in the datasheet is changed from 2KV HBM to 400V HBM for pins LX, VINP and PGND.
4. RDS on for Low and High side FET in datasheet is changed from 20.5mΩ max to 25mΩ max.

**REASON FOR CHANGE:**

Due to unavailability of the controller chip in Polar fab, a new controller has been designed and fabricated in Jazz to replace the existing chip. FET chips have also been replaced to match the new controller.

<table>
<thead>
<tr>
<th>DATE OF SAMPLES AVAILABLE:</th>
<th>DATE OF QUALIFICATION COMPLETED:</th>
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<tbody>
<tr>
<td>January 2010</td>
<td>February 2010</td>
</tr>
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</table>
PRODUCT CHANGE NOTICE

<table>
<thead>
<tr>
<th>ESTIMATED CHANGE DATE OR DATE CODE:</th>
<th>SUPPORTING DATA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2010 or earlier as requested by the customers</td>
<td>Reliability qualification report and characterization</td>
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</tbody>
</table>

| [X] STANDARD DISTRIBUTION                   | [ ] CUSTOM DISTRIBUTION           |

PERSON TO CONTACT WITH QUESTIONS:
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lisa.bedard@exar.com

Please acknowledge receipt of this PCN.

Acknowledged:

______________________________
Signature

______________________________
Printed Name

______________________________
Company

______________________________
Title

______________________________
Date

Approved ☐ Not Approved ☐ (Approved/Not Approved section not applicable and should be removed for all Level II PCNs)

Comments: ____________________________________________________________

FORM: G0006-6  8/08

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