



## PRODUCT CHANGE NOTICE (PCN)

<b>PART NUMBER(S):</b> ST78C36ACJ44-F ST78C36CJ44-F ST78C36CJ44TR-F	<b>PCN No.:</b> 10-0324-01  <b>DATE:</b> April 12, 2010		
<b>PART DESCRIPTION:</b>  Please refer to <a href="http://www.exar.com">www.exar.com</a>			
<b>LEVEL OF CHANGE:</b>  <input type="checkbox"/> Level I, Customer Approval. <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Level II, Customer Information.</span>			
<b>PRODUCT ATTRIBUTE AFFECTED:</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Material Change  <input type="checkbox"/> Design Change  <input type="checkbox"/> Process Change   <input type="checkbox"/> Other, Explain:         </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Data Sheet Change  <input type="checkbox"/> Package Change  <input type="checkbox"/> Packing / Shipping         </td> </tr> </table>		<input type="checkbox"/> Material Change <input type="checkbox"/> Design Change <input type="checkbox"/> Process Change  <input type="checkbox"/> Other, Explain:	<input checked="" type="checkbox"/> Data Sheet Change <input type="checkbox"/> Package Change <input type="checkbox"/> Packing / Shipping
<input type="checkbox"/> Material Change <input type="checkbox"/> Design Change <input type="checkbox"/> Process Change  <input type="checkbox"/> Other, Explain:	<input checked="" type="checkbox"/> Data Sheet Change <input type="checkbox"/> Package Change <input type="checkbox"/> Packing / Shipping		
<b>DESCRIPTION OF THE PROPOSED CHANGE:</b>  Change the address and data hold times from IOW inactive as follow: <ul style="list-style-type: none"> <li>▪ T3 from 10ns to 60ns</li> <li>▪ T6 from 10ns to 60ns</li> <li>▪ T33 from 10ns to 60ns</li> <li>▪ T35 from 0ns to 50ns</li> </ul>			
<b>REASON FOR CHANGE:</b>  Change in data sheet due to the product re-characterization. There is no change in form, fit, or function of the product.			
<b>DATE OF SAMPLES AVAILABLE:</b>  N/A	<b>DATE OF QUALIFICATION COMPLETED:</b>  N/A		

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<b>ESTIMATED CHANGE DATE OR DATE CODE:</b>  4/1/10	<b>SUPPORTING DATA:</b>  Characterization data
<input checked="" type="checkbox"/> <b>STANDARD DISTRIBUTION</b> <span style="margin-left: 300px;"><input type="checkbox"/> <b>CUSTOM DISTRIBUTION</b></span>	
<b>PERSON TO CONTACT WITH QUESTIONS:</b>  <b>LISA BEDARD</b> Exar Corporation 1 Holiday Avenue West Tower, Suite 450 Pointe-Claire, Quebec H9R 5N3 Tel: (514) 429-1010 ext 210 Fax: (514) 695-2548 lisa.bedard@exar.com  <b>Please acknowledge receipt of this PCN.</b>	

*Acknowledged:*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**Comments:** \_\_\_\_\_

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