PART NUMBER(S): SP6336EK1-L-X-D-A, SP6336EK1-L-X-D-A/TR

PCN No.: 10-1214-01A

DATE: 01/07/2011

PART DESCRIPTION:
Please see www.exar.com

LEVEL OF CHANGE:
[X] Level I, Customer Approval.  [ ] Level II, Customer Information.

PRODUCT ATTRIBUTE AFFECTED:
[ ] Material Change  [X] Data Sheet Change
[ ] Design Change  [ ] Package Change
[X] Process Change  [ ] Packing / Shipping

[ ] Other, Explain: Wafer fabrication is changed

DESCRIPTION OF THE PROPOSED CHANGE:
1. Wafer fabrication for SP6336EK1-L family is changed from the Polar fab, USA to Tower/Jazz Semiconductor, USA. The process is also changed from 1P2M to 1P3M to improve the fuse integrity.
2. The datasheet limits for the following parameters are being changed:

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>OLD SPEC</th>
<th>NEW SPEC</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low Limit</td>
<td>High Limit</td>
<td>Low Limit</td>
</tr>
<tr>
<td>Watchdog Timeout Period</td>
<td>1.200</td>
<td>2.000</td>
<td>1.200</td>
</tr>
<tr>
<td>PFI Input Threshold</td>
<td>490</td>
<td>510</td>
<td>480</td>
</tr>
<tr>
<td>V1 Reset Threshold</td>
<td>3.013</td>
<td>3.137</td>
<td>2.900</td>
</tr>
<tr>
<td>V2 Reset Threshold</td>
<td>1.087</td>
<td>1.133</td>
<td>1.053</td>
</tr>
<tr>
<td>V3 Input Threshold</td>
<td>490</td>
<td>510</td>
<td>480</td>
</tr>
</tbody>
</table>

REASON FOR CHANGE:
Wafer fab discontinuation.

DATE OF SAMPLES AVAILABLE: Immediate
DATE OF QUALIFICATION COMPLETED: December 2010

* PCN number revised to 10-1214-01A due to a typo error corrected for the ‘Estimated Change Date or Date Code’ from January 2010 to January 2011.
PRODUCT CHANGE NOTICE

ESTIMATED CHANGE DATE OR DATE CODE:  
January 2011

SUPPORTING DATA:  
Reliability qualification, please see attached.

[X]  STANDARD DISTRIBUTION  
[ ]  CUSTOM DISTRIBUTION

PERSON TO CONTACT WITH QUESTIONS:

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Fax: (514) 695-2548
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: ____________________________________________________

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