PRODUCT CHANGE NOTICE (PCN)

PART NUMBER(S):
XR21V1410IL16 –F

PCN No.: 10-1217-01

DATE: January 26, 2011

PART DESCRIPTION:
Please refer to www.exar.com

LEVEL OF CHANGE:

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

PRODUCT ATTRIBUTE AFFECTED:

[ ] Material Change  [ ] Design Change  [ ] Process Change
[ ] Data Sheet Change  [ ] Package Change  [X] Packing / Shipping

[ ] Other, Explain:

DESCRIPTION OF THE PROPOSED CHANGE:
Change bulk packing from tray to canister for the following product:

<table>
<thead>
<tr>
<th>Product</th>
<th>Package Type</th>
<th>Lead Count</th>
<th>Bulking Packing</th>
</tr>
</thead>
<tbody>
<tr>
<td>XR21V1410IL16 -F</td>
<td>QFN, 3X3mm</td>
<td>16</td>
<td>FROM tray TO canister</td>
</tr>
</tbody>
</table>

REASON FOR CHANGE:
Packing standardization for 3x3mm QFN.

DATE OF SAMPLES AVAILABLE: Immediate

DATE OF QUALIFICATION COMPLETED: N/A
**PRODUCT CHANGE NOTICE**

<table>
<thead>
<tr>
<th>ESTIMATED CHANGE DATE OR DATE CODE:</th>
<th>SUPPORTING DATA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 01, 2011</td>
<td>N/A</td>
</tr>
</tbody>
</table>

[X] STANDARD DISTRIBUTION [ ] CUSTOM DISTRIBUTION

**PERSON TO CONTACT WITH QUESTIONS:**

**LISA BEDARD**  
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

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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