

**PRODUCT/PROCESS CHANGE NOTICE (PCN)**PCN Number: **21038**

Date Issued: 8/30/2021

Product(s) Affected:

SP3485CN-L	SP3485EN-L
SP3485CN-L/TR	SP3485EN-L/TR

Manufacturing Location Affected: **Key Foundry**Date Effective (90 day window): **August 30, 2021**Date Issued +90 days: **November 30, 2021**

Means of Distinguishing Changed Devices:

- ☐ Product Mark:
☐ Back Mark
☐ Date Code
☒ Other: Lot number

Contact:

Your local MaxLinear Marketing Representative or contact our Customer Support team by creating a Support Ticket at <http://www.maxlinear.com/support/createcase>

Phone: 1-760-692-0711

Attachment: ☐ Yes ☒ No

Samples: Request from MaxLinear Marketing Representatives

Description and Purpose of Change:

MaxLinear has qualified Key Foundry wafer foundry in order to increase production capacity and to facilitate long term support of the product line. The wafer process is 0.18um BCD. The process has been optimized to produce very similar product characteristics as the currently shipping devices from TSMC foundry and will meet existing datasheet specifications.

There are no changes in 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 Key Foundry. 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.

- ☒ Die Technology
☒ Wafer Fabrication
☐ Assembly Process
☐ Equipment
☐ Material
☐ Testing
☐ Product Desing
☒ Manufacturing Site
☐ Data Sheet
☐ Yield Enhancement
☐ Software
☐ Other:

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: _____

Date: _____

Name: _____

E-Mail: _____

Title: _____

Phone: _____

Fax: _____

☐ Approval for shipments prior to effective date

Customer Comments (Optional):