



<b>PRODUCT/PROCESS CHANGE NOTICE (PCN)</b>							
PCN Number: <b>21056-01</b> Date Issued: <b>2/7/2022</b> Product(s) Affected: <table border="1" style="margin-left: 100px;"><tr><td>SP7650ER-L/TR</td><td>XR76108ELTR-F</td><td>XR79103EL-F</td></tr><tr><td>XR79106EL-F</td><td>XR79110EL-F</td><td>XR79115EL-F</td></tr></table>	SP7650ER-L/TR	XR76108ELTR-F	XR79103EL-F	XR79106EL-F	XR79110EL-F	XR79115EL-F	Means of Distinguishing Changed Devices: <input checked="" type="checkbox"/> Product Mark: <input type="checkbox"/> Back Mark <input type="checkbox"/> Date Code <input checked="" type="checkbox"/> Other: Lot number
SP7650ER-L/TR	XR76108ELTR-F	XR79103EL-F					
XR79106EL-F	XR79110EL-F	XR79115EL-F					
Manufacturing Location Affected: Date Effective (90 day window): 2/7/2022 Date Issued +90 days: 5/9/2022							
Contact: Your local MaxLinear Marketing Representative or contact our Customer Support team by creating a Support Ticket at <a href="http://www.maxlinear.com/support/createtime">http://www.maxlinear.com/support/createtime</a> Phone: 1-760-692-0711	Attachment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Samples: <b>Request from MaxLinear Marketing Representatives</b>						
Description and Purpose of Change:  MaxLinear has qualified an alternate FET fab location to ensure continuity of supply.	<input type="checkbox"/> Die Technology <input type="checkbox"/> Wafer Fabrication <input type="checkbox"/> Assembly Process <input type="checkbox"/> Equipment <input type="checkbox"/> Material <input type="checkbox"/> Testing <input type="checkbox"/> Product Design <input checked="" type="checkbox"/> Manufacturing Site <input type="checkbox"/> Data Sheet <input type="checkbox"/> Yield Enhancement <input type="checkbox"/> Software <input type="checkbox"/> Other:						
Reliability/Qualification Summary: <b>N/A – same process as previously qualified</b>							
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: _____	Name: _____						
Title: _____	Date: _____						
E-Mail: _____	Phone: _____						
Fax: _____							
<input type="checkbox"/> Approval for shipments prior to effective date							
Customer Comments (Optional):     							