

PRODUCT/PROCESS CHANGE NOTICE (PCN)

PCN Number: 21068A (Addendum)

Date Issued: 3/30/2022

Product(s) Affected:

ST16C654CQ100-F	ST16C654IQ100-F	XR16M564IV64-F
XR16V554IV-F	XR16V654DIV-F	XR16V654IV-F
XR16V698IQ100-F		

Addendum: Add parts

ST16C554CQ64-F	ST16C554DCQ64-F	ST16C654CQ64-F
ST16C654DCQ64-F	ST16C654DIQ64-F	ST16C654IQ64-F

Manufacturing Location Affected: ASE Kaohsiung

Date Effective (90 day window): February 17, 2022

Date Issued +90 days: May 18, 2022

Means of Distinguishing Changed

Devices:

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

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

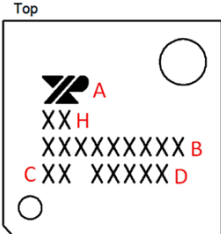
Description and Purpose of Change:

MaxLinear is announcing the consolidation of bottom side marking information with the top side to improve manufacturing efficiency for the parts noted above.

Example:

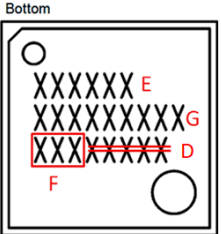
Before

Top



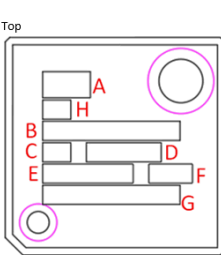
Line 1: (A) Logo
Line 2: (H) ST
Line 3: (B) 16C554DCQ
Line 4: (C) D2 (D) F2129

Bottom



Line 1: (E) TAIWAN
Line 2: (G) 2MLW09090
Line 3: (F) LWD

After



Line 1: (A) Logo
Line 2: (H) ST
Line 3: (B) 16C554DCQ
Line 4: (C) D2 (D) F2129
Line 5: (E) TAIWAN (F) LWD
Line 6: (G) 2MLW09090

03/24/2022 Addendum:

Additional products have been added to the affected part list that are affected by the marking changes noted above.

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



Reliability/Qualification Summary: **N/A – same process as previously qualified**

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: _____

☐ Approval for shipments prior to effective date

Customer Comments (Optional):