



## PRODUCT/PROCESS CHANGE NOTICE (PCN)

<p>PCN Number: 22011 Date Issued: 3/29/2022 Product(s) Affected:</p> <table border="1"><tr><td>SP485EEN-L</td><td>SP485EEN-L/TR</td></tr></table> <p>Manufacturing Location: Stars Microelectronics, Thailand Date Effective (90 day window): March 29, 2022 Date Issued +90 days: June 29, 2022</p>	SP485EEN-L	SP485EEN-L/TR	<p>Means of Distinguishing Changed Devices:</p> <p><input checked="" type="checkbox"/> Product Mark: Lot number <input type="checkbox"/> Back Mark <input type="checkbox"/> Date Code <input type="checkbox"/> Other</p>
SP485EEN-L	SP485EEN-L/TR		
<p>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/createcase">http://www.maxlinear.com/support/createcase</a> Phone: 1-760-692-0711</p>	<p>Attachment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Samples: <b>Request from MaxLinear Marketing Representatives</b></p>		
<p>Description and Purpose of Change:</p> <p>MaxLinear has qualified Stars Microelectronics, Thailand, as an alternate assembly site for the products listed above in order to increase production capacity and to facilitate long term support of the product line.</p> <p>There is no change to datasheet form, fit, function.</p>	<p><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:</p>		
<p>Reliability/Qualification Summary: Reliability reports available upon request.</p>			
<p>Customer Acknowledgement of Receipt within 30 days of issue. Lack of acknowledgement within 30 days constitutes acceptance of change.</p> <p>Please fax or email this form to the contact above after completing the following information:</p> <p>Customer: _____ Name: _____ Title: _____ Date: _____ E-Mail: _____ Phone: _____ Fax: _____</p> <p><input type="checkbox"/> Approval for shipments prior to effective date</p> <p>Customer Comments (Optional):</p>			