

Product/Process Change (PCN) Notification

| PCN Number: CO-17597 | | Contact: Elizabeth La Greca | | | | |
|---|---------------------------------|-----------------------------------|---------------------|------|-------|--|
| Date Issued: Jun 20 th , 2017 | | Title: Director, Sales Operations | | | | |
| PCN Effective Date: Sep 20 th , 2017 | | Phone: 85 | Phone: 858-255-7839 | | | |
| Product(s) Affected: PE6490 | Email: PC | Email: PCN@psemi.com | | | | |
| Sample Availability: July 1st, | | | | | | |
| Change Control Board Appro | | | | | | |
| Change Category: | | | | | | |
| ☐ Wafer Fabrication Proces | Shippin | ☐ Shipping/Labeling | | | | |
| Design/Mask Change | ☐ Equipment | | | | | |
| ☐ Singulation Process | ☐ Materia | ☐ Material | | | | |
| Assembly Process | □ Product Specification | | | | | |
| ☐ Electrical Test | | Product End of Life | | | | |
| Manufacturing Site | | ☐ Other | | | | |
| Purpose of Change: | | _1 | | | | |
| | 7/400/ on a difficultion of one | | 1 | | | |
| To inform customers of PE64906 specification change in datasheet. | | | | | | |
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| Description of Change: | | | | | | |
| Maximum Capacitance tolerance is changed in datasheet for both Magnachip and Lapis parts. | | | | | | |
| • | J | | J | | • | |
| Ordering codes: | | | | | | |
| MagnaChip part: PE64906MLAA-Z, EK64906-11 | | | | | | |
| Lapis part: PE64906B-Z, EK64906-12 | | | | | | |
| pi p | , | | | | | |
| Original: | | | | | | |
| Parameter | Condition | Min | Тур | Max | Units | |
| Maximum Capacitance | State=11111, 100 MHz | 4.14 | 4.60 | 5.06 | pF | |
| | | | | | | |
| Updated: | | | | | | |
| Parameter | Condition | Min | Тур | Max | Units | |
| Maximum Capacitance | State=11111, 100 MHz | 3.68 | 4.60 | 5.52 | pF | |
| | | | | | | |
| For more information, ple | ase contact PCN@psemi.c | om. | | | | |
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^{*}Customer Acknowledgement is based upon JEDEC Standard, JESD46D. Form # DOC-00558 Rev 2 If there is a difference between JEDEC and specific customer requirements, customer requirements take precedence.



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| Customer Acknowledgement of Receipt*: | | | |
|---------------------------------------|------------|--|--|
| ☐ Change Denied | Name: | | |
| (Include explanation in | | | |
| comments section below) | Title: | | |
| ☐ Change Approved | Company: | | |
| | Date: | | |
| | Signature: | | |
| Customer Comments: | | | |

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