







To : Dear Valued Customers

Product/Process Change Notice

We hereby submit PCN for your review and approval.

<p>Application or type :</p> <p>Change of marking code.</p>	
<p>Detail of the change :</p> <p>The datasheet specifications have to modify marking code.</p>	
<p>Current :</p> <p align="center">TV04WF150JB /360JB-HF</p> <div style="text-align: center;">  </div> <p align="center">xx = Product type marking code Solid dot = Control code</p> <p align="center">CMS23N06H8-HF</p> <div style="text-align: center;">  </div> <p align="center">XXX = Control code</p>	<p>After the change :</p> <p align="center">TV04WF150JB /360JB-HF</p> <div style="text-align: center;">  </div> <p align="center">xx = Product type marking code Solid dot = Control code</p> <p align="center">CMS23N06H8-HF</p> <div style="text-align: center;">  </div> <p align="center">XXX = Control code</p>
<p>Reason for the change :</p> <p>This notification is to inform our customers that we will add control code to TV04WF150JB /360JB-HF, CMS23N06H8-HF products marking type for traceability of production process and control risk.</p> <p>There is no change to the product appearance and electrical specifications.</p>	

Evaluation items :	
Part No.	Package Type
TV04WF150JB /360JB-HF	SOD-123FL
CMS23N06H8-HF	PDFN5x6-8L
Implemented from :	
Effective immediately.	
R&D Dept. Signature :	QA Dept. Signature :
	

Answer To PCN

Please complete the form below duly signed and fax back to Comchip Technology Co.

Please select your answer 1. Approved this PCN 2. Approved this PCN with conditions 3. Disapproved this PCN	Date Responsibility By
Please specify the condition or explain the reason if you select 2 or 3.	

Unless a Comchip Technology Co., Ltd. Sales representative is contacted in writing within 30 days of the posting of this notice, all changes described in this announcement are considered approved.