# PRODUCT/PROCESS CHANGE NOTICE (PCN)

<table>
<thead>
<tr>
<th>PCN #:</th>
<th>G0005-01</th>
<th>DATE:</th>
<th>May 10, 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product Affected:</td>
<td>All Plastic Packages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manufacturing Location Affected:</td>
<td>All</td>
<td></td>
<td></td>
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<tr>
<td>Date Effective:</td>
<td>August 10, 2000</td>
<td></td>
<td></td>
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</tbody>
</table>

**MEANS OF DISTINGUISHING CHANGED DEVICES:**
- [ ] Product Mark
- [ ] Back Mark
- [ ] Date Code
- [X] Other

**Contact:** PS Tow  
**Title:** Director, Corporate Quality & Reliability  
**Phone #:** (408) 492-8206  
**Fax #:** (408) 727-2328  
**E-mail:** pstow@idt.com  
**Attachment:** [ ] Yes  
**Samples:**

**DESCRIPTION AND PURPOSE OF CHANGE:**
- [X] Die Technology  
- [X] Wafer Fabrication Process  
- [X] Assembly Process  
- [X] Equipment  
- [X] Material  
- [X] Testing  
- [X] Manufacturing Site  
- [X] Data Sheet  
- [X] Other

**DESCRIPTION AND PURPOSE OF CHANGE:**
- IDT plans to introduce LASER TOP MARK as replacement to INK TOP MARK for all Plastic Packages. Initial conversion is for 300 mils SOJ, 150 mils SSOP and 300 mils SOIC packages. Additional packages will be converted in future on the as needed basis.  
- During the transition period, shipment to customer will contain either INK or Laser Top mark only. There will be no mixing of ink and laser mark in one shipment.

**RELIABILITY/QUALIFICATION SUMMARY:**  
Not Applicable.

**CUSTOMER ACKNOWLEDGMENT OF RECEIPT:**
IDT records indicate that you require written notification of this change. Please use the acknowledgement below or E-Mail to grant approval or request additional information. If IDT does not receive acknowledgement within 30 days of this notice it will be assumed that this change is acceptable.  
IDT reserves the right to ship either version manufactured after the process change effective date until the inventory on the earlier version has been depleted.

**Customer:** __________________________  
**Name/Date:** __________________________  
**E-Mail Address:** __________________________  
**Title:** __________________________  
**Phone# /Fax# :** __________________________  
**Approval for shipments prior to effective date.**

**CUSTOMER COMMENTS:**
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**IDT ACKNOWLEDGMENT OF RECEIPT:**
RECD. BY: __________________________  
DATE: __________________________

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IDT FRC-1509-01 REV. 05 03/28/00 PAGE 1 OF 1 REFER TO QCC-1795