



Integrated Device Technology, Inc.
6024 Silver Creek Valley Road, San Jose, CA - 95138

PRODUCT/PROCESS CHANGE NOTICE (PCN)

PCN #: F0509-01 Date: 10/18/2005 Product Affected: IDT72255LA, IDT72265LA, IDT72261LA, IDT72271LA, IDT72V255LA IDT72V265LA, IDT72V261LA, IDT72V271LA Date Effective: 1/18/2006	MEANS OF DISTINGUISHING CHANGED DEVICES: <input type="checkbox"/> Product Mark <input type="checkbox"/> Back Mark <input checked="" type="checkbox"/> Date Code Devices with Date Code >=0606 <input type="checkbox"/> Other
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Contact: Lakshmi Srinivasan Title: Quality Engineer Phone #: (408) 284-4580 Fax #: (408) 284-1450 E-mail: Lakshmi.Srinivasan@idt.com	Attachment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples: Available on request
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DESCRIPTION AND PURPOSE OF CHANGE:

<input type="checkbox"/> Die Technology <input type="checkbox"/> Wafer Fabrication Process <input type="checkbox"/> Assembly Process <input type="checkbox"/> Equipment <input type="checkbox"/> Material <input type="checkbox"/> Testing <input type="checkbox"/> Manufacturing Site <input checked="" type="checkbox"/> Data Sheet <input type="checkbox"/> Other	Add Skew time (tSKEW4) between the read and write clocks for re-transmit operation only. This is to improve speed distribution for faster speed grade products.
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RELIABILITY/QUALIFICATION SUMMARY:
This change has no impact on the Quality or Reliability of the product.

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: _____	<input type="checkbox"/> <i>Approval for shipments prior to effective date.</i>
Name/Date: _____	E-Mail Address: _____
Title: _____	Phone# /Fax# : _____

CUSTOMER COMMENTS: _____

IDT ACKNOWLEDGMENT OF RECEIPT:

RECD. BY: _____ DATE: _____