

## PRODUCT TERMINATION NOTIFICATION

|                                      |                      |
|--------------------------------------|----------------------|
| PTN No:                              | PTN2308-X00e         |
| Date of notification                 | August 2, 2023       |
| Last date for placing purchase order | February 29, 2024    |
| Last date of shipment                | February 28, 2025    |
| Customer                             | DIGI-KEY CORPORATION |

1. Product(s):

**(Parts number)**

MB86R01PB-GSE1

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2. Technology:

CMOS technology

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3. Background of notification

Optimize product portfolio.

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4. Reason of product discontinuance

Optimize product portfolio.

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According to EIA/Jesd48 & Socionext PTN internal process we are informing you about product termination.

You are kindly requested to give us a reply regardless of necessary to need last time order or not (please see above last date for reply).

**Without any reply and purchasing order placement from you by “Last Date for Placing Order” as notified above, we will assume that you have accepted the Product Termination Notification and you don’t need last time buy.**

Socionext reserves the right to destroy masks and reticles as soon as the phase-out of the product is completed.

Here below you can find the right information to contact us for any further information you need:

Originator:

|          |  |
|----------|--|
| Name:    | Socionext Inc.<br>Reliability & Quality Assurance DEPT.<br>SAKURAI   |
| Address: | Nomura Shin-Yokohama Building 2-10-<br>23 Shin-Yokohama, Kohoku-Ku<br>Yokohama, Kanagawa,<br>222-0033, Japan |
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| E-mail : | sakurai.yuji@socionext.com   |

Quality Department:

|          |  |
|----------|--|
| Name:    | Socionext Inc.<br>Reliability & Quality Assurance DEPT.<br>Manager Toshiaki Hayashi                          |
| Function | Manager  |
| Address: | Nomura Shin-Yokohama Building 2-10-<br>23 Shin-Yokohama, Kohoku-Ku<br>Yokohama, Kanagawa,<br>222-0033, Japan |
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Distributor or Marketing and Sales Dir. / Manager:

|          |       |
|----------|-------|
| Name:    | _____ |
| Function | _____ |
| Address: | _____ |
| Phone:   | _____ |
| E-mail   | _____ |