Date: 20 June 2020

Letter of Volatility									
Model: Part Numbers:				Manufacturer: Quasonix					
			Street Address: 6025 Schumacher Par			rk Dr.			
EVTM	All containing "EVTM"				: West Chester	State: OH		Zip: 45069	
Volatile Memory									
Does the item contain volatile memory (i.e., memory whose contents are lost when power is removed)?  Yes □ No									
If the answer is 'Yes', please provide the following information for each type (use additional sheets if required):  Type (SRAM, DRAM, etc.):  Size:  User  Function:  Process to Sanitize:									
Type (SRAM, DRAM, etc.): SRAM		Size: 2M x 8	User  Modifiable:  ☐ Yes  ☒ No		Function: Receive packet buffer		A loss of power will clear this buffer, but any stored data will also be overwritten by a subsequent burst of receive packets		
Type (SRAM, DRAM, etc.):		Size:	User Modifiable: ☐ Yes ☐ No		Function:		Process to Sanitize:		
Type (SRAM, DRAM, etc.):		Size:	User Modifiable: ☐ Yes ☐ No		Function:		Process to Sanitize:		
Non-Volatile Memory									
Does the item contain non-volatile memory (i.e., memory whose contents are retained when power is removed)?  ☑ Yes ☐ No									
If the answer is 'Yes', please provide the following information for each type (use additional sheets if required):									
Type (BBRAM, Flash, EEPROM,		Size:			Function: Xilinx firmware storage		Process to Sanitize: Not necessary as this storage has no access to the data path		
etc.): EEPROM		8K x 8	8K x 8   Modifiabl ☐ Yes ☑ No						
Type (BBRAM, Flash, EEPROM, etc.):		Size:	User Modifiable:  Yes  No		Function:		Process to Sanitize:		
Type (BBRAM, Flash, EEPROM, etc.):		Size:	User Modifiable:  Yes No		Function:		Process to Sanitize:		
Media									
Does the item contain media storage capability (i.e., removable or non-removable disk drives, tape drives, memory cards, etc.)?  ☐ Yes  ☐ No									
		ide the follo	wing info	rmatio	n for each type (use add	itional sheets if re	equired):		
	Mo			odifiable:		Process to	Sanitize:		
Removable: ☐ Yes ☐ N			│						
1	(Disk, Tape, etc.): Size: User Modifia		_	ole:	Function:		Process to Sanitize:		
Yes N									
Type (Disk, Ta				ole:	Function:		Process to Sanitize:		
Removable: ☐ Yes ☐ N	Yes □ No □ No								
Additional Information:									
Vendor Representative Information									
Name:	Title: Chief Scientist				Office Phone:		Fax/Email: thill@quasonix.com		
			mor F	513-942-1287   thil ner Representative Information			JIIIX.COIII		
Name: Title: Office Phone: Fax/Email:									
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The data shall be released only to Quasonix customers or US Government representatives as necessary to accomplish the intended task (i.e., obtaining approval to operate a system processing sensitive data and incorporating the described item). The data shall not be disseminated to other vendor/contractor personnel without the express written authorization of the manufacturer.